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Health Organisation

ORGANISATION OF THE PUBLIC HEALTH SERVICES

IN

CZECHOSLOVAKIA

by

HYNEK J. PELC, M.D., D.P.H.

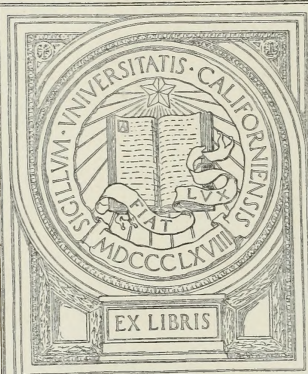
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Paris, May 11th
- MINUTES of the FOURTH
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M. 337. 1922.
- MINUTES of the FIFTH
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- MINUTES of the SIXTH
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- REPORT on the Work of
(A. 28. 1923. II)
- MINUTES of the FIRST
February 11th-21
- MINUTES of the SECOND
May 7th-May 10
- WORK of the HEALTH
the Epidemic Com
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- REPORTS on SEROLOGIC
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- EPIDEMIC COMMISSION OF
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M. 421. 1922. I
- REPORT on the INTERN
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(C. 533. M. 378. 1921. III).
- REPORT on the SECOND INTERNATIONAL CONFERENCE ON SERA AND SEROLOGICAL TESTS, convened by the Health Committee of the League of Nations and held from November 20th-26th, 1922, at the Pasteur Institute, Paris.
- REPORT on the EUROPEAN HEALTH CONFERENCE, held at Warsaw from March 20th-28th, 1922.
- REPORT of the TECHNICAL CONFERENCE FOR CONSIDERATION OF CERTAIN METHODS OF BIOLOGICAL STANDARDISATION. Edinburgh, July 19th-21st, 1923.

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HYNEK J. PELC, M. D., D. P. H.

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PREFACE

Health legislation and administration constitute one of many factors which go to form the public life of a nation. Like political institutions, health institutions do not arise out of an organic unity and cannot develop on a definite plan. The changes and innovations introduced in the course of years have, for the most part, been made haphazard. The problems have arisen from the vicissitudes of life itself. In short, the needs of the moment have determined the intervention of the legislator and of the administration. The health problem assumes very different aspects at different times and in different places.

The technical resources at the disposal of the various countries and the psychological factors involved have varied in every way and this has given a distinct character to every health organisation. Consequently, it is a matter of great difficulty, even for health specialists, to form an accurate opinion on foreign health organisations; and yet the great complexity and ever-increasing number of international problems with which we have to deal makes it essential to gain at once some knowledge of these different institutions. Failing this knowledge, not only does co-operation become difficult but the opinion that may be formed regarding the condition of public health in a given country is extremely liable to error.

Furthermore, information on disease obtainable from several different countries is very difficult to compare, as it comes from such different sources.

An indispensable preliminary to any useful study of the problem is a process of standardisation requiring the most thorough knowledge of the international health administrations.

As the work of the Health Organisation of the League of Nations is strictly international, the primary aim of this body should be to remedy as far as possible the difficulties arising from the diversity of the sources of information. The Health Organisation has accordingly decided to publish a series of monographs describing the organisation and working of the health administrations of the different countries. For the writing of these reports it has enlisted the services of experts occupying important positions in the various health administrations.

The original proposal was to make all these monographs conform to a fixed pattern. The Health Section of the Secretariat of the League of Nations accordingly sent a note to the authors of these monographs framed with a view to obtaining

reports which could be directly compared ; but the majority of the authors preferred to present their work in a less stereotyped form.

The series of enquiries which we have undertaken to publish deals with health administration from the general standpoint only. We propose subsequently to publish investigations on certain special points in the field of public health, which will give additional and more detailed information on these points.

In publishing these general enquiries we have been greatly helped by the generous financial grants provided by the International Health Board of the Rockefeller Foundation.

Geneva, December, 1924.

HEALTH SECTION OF THE SECRETARIAT
OF THE LEAGUE OF NATIONS.

ORGANISATION OF THE PUBLIC HEALTH SERVICES IN CZECHOSLOVAKIA

By Hynek J. Pelc, M. D., D. P. H.

GENERAL ADMINISTRATION OF CZECHOSLOVAKIA¹.

Czechoslovakia was proclaimed an independent State on October 28th, 1918. The Czechoslovak State is a democratic republic under an elected president.

Before the revolution, almost the entire territory of the republic belonged to the former Austro-Hungarian Empire, with which the present independent State was bound up for three centuries.

Owing to the dual system in force in the former Austrian monarchy, there were certain dissimilarities in the administrative regime applied in what is now Czechoslovak territory. Certain provinces belonged to the former Crown of Bohemia, namely, Bohemia, Moravia and Silesia, which constituted the "Cisleithan" group of the Imperial provinces, while Slovakia and Ruthenia were appanages of the Hungarian Crown.

To her inheritance of this regime may be attributed the dissimilarities to be found even now in the administration of the various provinces of Czechoslovakia.

Bohemia, Moravia and Silesia each has its own administrative system. Each province was formerly governed by an administrator-in-chief, appointed by the State, namely, the governor of the province, who was responsible for the local political administration of his province.

The province was divided into political districts, each with an average population of 60,000 inhabitants. Each political district was under a Government official, the district commissioner, the political district being the smallest administrative division in the Empire.

Each province of the "Cisleithan" group enjoyed a certain measure of autonomy (an historical survival of its political development), the outward manifestation of which was the provincial diet. The autonomous provinces were administered by a provincial executive committee. For the purposes of autonomous administration, Bohemia was divided into autonomous districts, with an average population of 25,000, being thus somewhat smaller than the Imperial districts mentioned above, each of which was subdivided into two or three autonomous districts. There were no autonomous districts in either Moravia or Silesia.

Special organisations were established to carry out the various duties incumbent upon the autonomous administrations, for instance, the Public Roads Board, etc.

The smallest administrative unit was the commune. Certain cities — *e.g.*, Prague, Liberec (Reichenberg), Brno (Brünn), etc. — enjoyed a local administrative regime on a par with that in force in the Imperial districts.

¹ The following sketch was written about 1 $\frac{1}{2}$ years ago; accordingly, the public health organisation is described as it stood at the end of 1922.

The administrative divisions in Slovakia and Ruthenia differed from those in Bohemia. The smallest unit, if we disregard the communes, was a district of approximately the same area as the Imperial districts in the Czech provinces. The districts again were grouped into counties (Zupaš) which enjoyed a large measure of independence.

Upon Czechoslovakia becoming an independent State, the various provinces retained their provincial administrative powers modelled on the old system. The central administrative organisation was established at Prague and subdivided into various ministries, to which the provincial administrations were made subordinate.

From the very outset, endeavours were made to establish a uniform system of administration in all provinces. The country was to be divided into counties and the counties into districts comprising a certain number of communes.

This was the principle on which the law of February 29th, 1920, on the organisation of the counties (Zupaš) was based. The country was divided into 21 counties, exclusive of Ruthenia, which remained an independent territory, attached to the Czechoslovak Republic and governed by a local diet (see Diagram 1 at end of volume).

This reform abolished the dual system formerly in force under the Imperial administration. The smallest administrative division nowadays is the district, with an average population of 60,000 inhabitants, the districts again being grouped into counties with an average population of 600,000. The internal administration of the district is carried on by the District Office under the direction of an official known as the District Commissioner.

There is in each district (the cities, which enjoy a special charter, excepted) a District Committee, which deals principally with economic questions and relief work and possesses certain judicial and advisory powers.

The internal administration of the counties is carried on by the County Office for all matters formerly within the jurisdiction of the provincial political offices, provincial Diets and provincial committees. The County Office is under the direction of the County Commissioner. The latter, like the District Commissioner, is a Government official. Each county possesses a Council, consisting of not less than 35 members, appointed by election for a term of six years. The County Commissioner is chairman of the County Council. The County Council elects from among its members a County Committee, appointed for a term of six years, with eight substitute members. The County Council deals with administrative and economic questions. It is in charge of the financial administration of the county, and, more especially, attends to the humanitarian, sanitary, social and economic interests of the inhabitants. It superintends roads and communications and educational establishments.

The County Council is also represented at the hearing of public law-suits.

The county committee frames the annual budget, draws up the accounts and prepares the agenda for the meetings of the County Council.

The County has the character of a legal person and is represented by the County Commissioner. The County Council is also empowered to issue detailed regulations for the execution of laws for the financial administration of various organisations and of the county.

The reorganisation of the entire country into counties proved impracticable, mainly for reasons of a financial nature. The execution of the reform has been confined to Slovakia, which is now divided into Counties Nos. 15 to 20.

The introduction of the reform into what was formerly Moravia is at present under consideration, and it will probably require some years before the new system becomes general throughout the entire country.

GENERAL SURVEY OF PUBLIC HEALTH ORGANISATION.

For the purpose of explaining the position of the public health administration, which is at present complicated, a diagram has been prepared showing the present status of the organisation in Bohemia, together with the changes which it is proposed to make (see Diagram II at end of volume). Although conditions in the other provinces differ to a certain extent, they present certain similarities, and the reorganisation scheme which it is intended to carry out in Bohemia will be applied there too.

The continuous and plain broken lines show the situation as it existed in the former Austria, while the dotted lines and broken-and-dotted lines show the situation as it will be after the country has been reorganised.

The continuous and plain broken lines show the dual system of government under the former Austrian Empire, when the commune was subordinate to two authorities, the first being that of the autonomous administration, and the other that of the State or Imperial administration.

The autonomous administration was represented by the Bohemian Diet, the executive organ of which was the *Zemský výbor*. The province was divided into autonomous districts of about 25,000 inhabitants, administered by locally elected representatives. The *Zemský výbor* included a health service, which was chiefly concerned with the upkeep of hospitals and other philanthropic institutions in the province. The *Zemský výbor* also superintended the work of the local medical officers of health. The autonomous district again was subdivided for health purposes into smaller units (*zdravotní obvody*) under the direction of a rural medical officer. The inhabitants of units comprising communes with a total population exceeding 6,000 had the right to appoint one or more urban medical officers. Both rural and urban medical officers were borne on the local budget.

Side by side with the autonomous system described above, there existed the State or Imperial administration, the supreme authority in which was the Ministry of the Interior in Vienna. The governor of the province of Bohemia was the head of the provincial government, the *Zemská politická správa*.

The province was subdivided, for the purposes of the Imperial administration, into political districts, the district commissioner being responsible for the administration of the district. The district commissioner had under him all communes in his area. Prior to the formation of the Austrian Ministry of Health in the last years of the world-war, the Ministry of the Interior possessed in Vienna a public health service responsible for all questions of public health. After the creation of the Czechoslovak Republic, this service was replaced by the Czechoslovak Ministry of Health,

which forms a separate department of State. The provincial government (Zemská politická správa) also possessed a health service. The head of the administration of the political district was assisted by the district medical officer as an adviser in public health questions.

As has been said in the first chapter, the object of the law on the reorganisation of the political administration of the Republic (the so-called "County Law" of February 29th, 1920) is the centralisation of the system of government by the State and the reorganisation of the State administration on a suitable uniform basis. We have also said that, except in certain cases, this reorganisation has not yet been achieved. In Bohemia the situation has undergone no change, even since the adoption of the law of February 29th, 1920.

In the days of the Austrian Empire, there existed a long-standing antagonism between the district medical officers and the rural and urban medical officers. The former represented the Imperial domination and were comparatively well paid, whereas the latter awaited with impatience a sweeping readjustment of salaries.

In order to remedy this situation, a law modified by certain amendments was passed on April 15th, 1920, for the nationalisation of all health services. Under this law the rural and urban medical officers became subordinate to the district medical officers while their emoluments were increased (see *x'd lines in the diagram*).

This measure would have come about automatically with the abolition of the autonomous system of administration, but the situation was so difficult that it was impossible to wait until the reorganisation described above had become an accomplished fact. Thus, the law of April 15th, 1920, is merely an anticipation of measures which would have come into force automatically.

Special provisions will, moreover, be passed for the health service of the capital of the Republic, Prague, to which the county organisation does not apply, the status of the city being regulated by a separate law.

LAWS ON THE ORGANISATION OF THE PUBLIC HEALTH SERVICE.

After the foregoing brief account of the present public health organisation, let us now consider the legislative measures on which the whole rests.

As has been mentioned in the first two chapters, Czechoslovakia may be considered as having hitherto been divided into two separate areas from the point of view of legislation. The first comprises the territory which formerly belonged to Austria — namely, Bohemia, Moravia and Silesia ; and the second the territory which formerly belonged to Hungary — namely, Slovakia and Ruthenia. A small part of Prussian Silesia which was incorporated in Czechoslovakia has been attached to the province of Silesia for administration purposes.

The second law enacted by the revolutionary Diet after the proclamation of the Republic provided that, pending the passage of new laws, all laws in force under the Empire should remain in operation. In this manner continuity was ensured. In consequence, the former laws on public health, dating from the Austrian regime, remained in force.

Certain provisions of Law No. 68 of April 30th, 1870, on public health are still applicable for the provinces of Bohemia, Moravia and Silesia.

The law begins by defining the duties of the Imperial administration, the smallest administrative division of which was the district. It regulates the appointment of the sanitary and public health services personnel, the supervision of public health institutions, of measures to prevent the spread of infectious diseases, vaccination and pharmacies, post-mortem examinations in suspect cases of infectious disease, and the supervision of the burial regulations.

The law then goes on to define the powers conferred upon the communes within the field of their own jurisdiction. These include the general application of the health regulations, the collection of particulars as to cripples and disabled persons, the treatment of indigent sick persons and the upkeep of cemeteries.

In addition to the above duties which were incumbent upon the communes, certain other powers held by the Imperial Government were delegated to the local authorities : for instance, measures for the supervision of infectious diseases, post-mortem examination, representation at autopsies and the sending in of periodical reports.

In order to ensure the proper working of its own health services, the Imperial Government appointed a medical officer of health in each political district. The duties of these officials are specified in the law referred to.

The duties incumbent upon the communes or delegated to them were carried out by the rural medical officers of health. These officers were placed in charge of districts with a population of approximately 6,000 souls. Communes with more than 6,000 inhabitants were entitled to appoint a municipal medical officer of health.

There was a Provincial Board of Health endowed with advisory powers, and a Provincial Health Commissioner for each province (*viz.*, Bohemia, Moravia and Silesia).

The Supreme Board of Health and the office of the Health Commissioner formed departments in the former Ministry of the Interior at Vienna.

The situation in Slovakia and Ruthenia, which was analogous to that obtaining in the Czech provinces, was based on Law No. 14 of 1876.

While the Austrian law was succinct, the Hungarian law was more detailed and up to date.

The organisation of the service was similar to that described above. The smallest administrative divisions were in charge of rural and municipal medical officers, who were paid out of the local funds and were subordinate to the district medical officers, the latter being responsible for the smallest division administered by the Imperial Government and being paid by the State. The latter again were subordinate to the medical officers of the county and were appointed by the autonomous administration of the county ; there were no county medical officers in the Czech provinces. The medical officers of the County were responsible to the Ministry of the Interior at Budapest (special Health Department).

In order to obviate an alteration of the law, the new Republic retained the system instituted by the two measures described above, the only difference being the substitution of the Czechoslovak Ministry of Health for the Austrian Ministry of Health (which had been in existence for only three months) and the Hungarian Ministry of the Interior as the supreme authority in health questions. The Public Health service in the provinces formerly belonging to Hungary, Slovakia and Ruthenia had been so much neglected that it was necessary to establish special departments there. The departments in question are the branch offices of the Ministry of Public Health at Bratislava and Užhorod (Ungvár) respectively.

The most urgent problem was that of the unification of the health services throughout the entire country. This was a very difficult question, being closely connected with the reorganisation and unification of the whole administrative system.

The law on the reorganisation of the general administration has been briefly described in the first Chapter. We have also said that the law has not as yet been put into force in any province with the exception of Slovakia and Ruthenia.

Certain provisions for the reorganisation of the health services were contained in the Law of April 15th, 1920, by which sanitary police measures were brought under the control of the State.

This law was based on the idea that the health services throughout the entire country should form a continuous chain from the rural and municipal medical officer up to the Ministry of Health. This object could only be attained by bringing all health services directly under State control.

Under the terms of the law, which will not, however, become operative pending the reorganisation of the country into counties, all medical officers are paid by the State and are subject to the civil service regulations. As has been said, owing to financial difficulties, the above reorganisation could not be carried out except in Slovakia and Ruthenia.

Some amendment of the law was accordingly thought necessary in order to relieve the financial situation of the rural and municipal medical officers, whose salaries had not been raised since the outbreak of the world-war.

The outcome was the amendment of July 13th — a provisional measure, which, without prejudice to the provisions of the Law of April 15th, 1920, placed local medical officers of health under State control ; they were not, however, given the standing of regular State employees, but were engaged upon a special contract, with a fixed minimum and maximum salary, varying according to the district under the charge of each officer. The districts administered by rural medical officers were to be classified according to the estimated income earned by each officer in private practice, salaries being calculated on this basis.

Another provision of the law was the formation in the political districts of public health boards with advisory powers. The law came into force on July 1st, 1922, in Slovakia and Ruthenia, and on January 1st, 1923, in Bohemia, Moravia and Silesia.

A second law, passed on July 13th, 1922, raised the pension of rural medical officers, which had been very low up to that date.

Even this amendment, however, was only put into effect in a diluted form owing to the heavy expense involved, and under an amendment passed on December 21st, 1922, the minimum salary granted to urban medical officers was reduced.

These laws are only just coming into operation.

Summing up the present situation, we may say that the former laws of 1870 for the Czech provinces and of 1896 for Slovakia and Ruthenia are still in force, except in cases where they are superseded by the amendments to the law of April 15th, 1920.

Consequently, Bohemia, Moravia and Silesia are administered by the provincial health departments, and Slovakia and Ruthenia by branch offices of the Ministry at Bratislava and Užhorod (Ungvár) for Ruthenia, respectively.

Subordinate to the above offices are the district health bureaux with district medical officers, who are regular State employees. In Slovakia and Ruthenia the medical officer of the county, who is a regular State employee, occupies a position midway between these two offices. Officers of this class will subsequently be established in all parts of the country under the direct authority of the Ministry of Health.

Below the district medical officers come the rural (town, local) medical officers, and in larger cities the municipal (town) medical officers. The latter are not regular State employees, but are engaged by the State upon a contract, under which they are permitted to engage in private practice, while their emoluments are calculated according to the wealth of the locality under their charge. The scale of salaries is shown in the chapter on the salaries of medical officers. Under the terms of the "County Law", legislation will be passed for the administration of the counties, and consequently new regulations will be drawn up for the public health service also.

With this end in view, a committee was appointed in the Ministry to prepare a scheme for a bill dealing with public health generally, providing for the organisation of the service, and specifying the objects to be attained.

MINISTRY OF PUBLIC HEALTH AND PHYSICAL TRAINING.

ORGANISATION AND REGULATIONS.

The Ministry of Public Health and Physical Training was organised shortly after October 28th, 1918, as one of the fourteen ministries of the Czechoslovak Republic.

The following is a list of the Ministries in the Czechoslovak Republic :

President of the Council ;
Ministry of Foreign Affairs ;
Ministry of National Defence ;
Ministry of the Interior ;
Ministry of Public Education ;
Ministry of Finance ;
Ministry of Commerce ;
Ministry of Posts and Telegraphs ;
Ministry of Railways ;
Ministry of Agriculture ;
Ministry of Justice ;
Ministry of Public Works ;
Ministry of Social Welfare ;
Ministry of Food ;
Ministry of Public Health and Physical Training.

The nation having from early times been devoted to physical training, the Ministry of Health has taken this important branch of education under its own control. The physical training of the people, which was first undertaken by the so-called "Sokol" unions, and subsequently by other similar associations, was considered so important a factor in the national revival that its systematic development was entrusted to the above Ministry, henceforth known as the Ministry of Public Health and Physical Training.

The Ministry of Public Health and Physical Training was established by the law of November 2nd, 1919, as the supreme central authority for public health administration, and comprises :

- (a) Public health departments divided into sections ;
- (b) A legal section, together with an administrative section ;
- (c) An accountancy section ;
- (d) Auxiliary offices.

For the purposes of theoretical and practical work, the Ministry will establish a State Institute of Hygiene, to be formed from several institutions which are particularly fitted by their scientific or practical work to assist the Ministry in its task. These are at present : the Institute of Hygiene, the Serological Institute, the Pharmaceutical and the Institute for Chemistry, and the Bacteriological and Analytical laboratory of the Hydrological Institute.

It is also proposed to found a museum of private and public hygiene and a special physical training institute.

The various sections into which the Ministry is divided are distinct from one another.

All matters to be submitted directly to the Minister and questions regarding the organisation of the central office itself are dealt with by the Administrative Department (Präsidium).

The sections are directed by heads of sections and, in some cases, by lower-grade officials known as ministerial counsellors.

The main duty of the head of a section is to lay down uniform and clearly worded rules for the work of his department, subject, of course, to the statutory regulations. He must assure himself that the decisions taken by the Ministry are not mutually contradictory, and that the work is carried out according to a uniform method. He must foster and encourage a spirit of initiative.

The departments are under the direction of heads of departments, who are responsible for the prompt and proper handling of current work. There are certain specialists (medical, legal and engineering) attached to the heads of departments.

The work of the sections is distributed to the clerks, each clerk being selected for a strictly defined branch according to his experience and education.

The Under-Secretary of State and other officials transact business on behalf of the Minister. In this work they are guided by the interests of the community, the welfare of which is their supreme law. Being an administrative organ, the Ministry carries out its various executive functions in accordance with the principle of personal responsibility. Subject to approval by the Minister, the policy of the Ministry is determined by the following Committees :

(a) The Central Committee (Collegium), presided over by the Minister or the Under-Secretary of State ;

(b) The Section Committees, presided over by the head of the section concerned.

The Central Committee meets once a fortnight, the Section Committee once a week. All questions, according to their importance and nature, are discussed at one or other of these meetings.

All financial operations (*e.g.*, grants-in-aid from the Ministry) are regulated by special rules, and must be in conformity with the instructions of the Cabinet Council. The sections are responsible for the proper and economical employment of grants-in-aid. Grants occasioning special difficulties must be referred to the Accountancy Section for an opinion and interpretation ; even in cases involving no particular difficulty, the question must be submitted to the Accountancy Section both before and after the money is granted, with a view to accurate book-keeping.

The head of the Accountancy Section is the *Referendar* responsible for the budget, to whom all financial operations must first be submitted. It is the duty of this official to see that the sum appropriated is not exceeded, and that all rules and regulations are complied with.

The Ministry's requirements are covered *in toto* by the budget estimates. The *Referendar* responsible for the budget draws up a list of the items for which the money is required, specifying the necessary sums.

The Ministry of Health exercises executive power within the limits of its jurisdiction and in conformity with the laws in force ; it also issues all necessary decrees. These are drafted by the section responsible for the matter in question.

All matters having a political bearing or those in the nature of an innovation must be submitted for approval to the Minister. Technical points and applications must first be seen by the Under-Secretary of State.

Official documents are registered under the letters M (Minister) and T (Under-Secretary of State).

The heads of sections are responsible for the proper supervision of their respective services.

ORGANISATION. (Diagram III, at end of volume.)

Administrative Department (Präsidium).

The following questions are dealt with by this Department :

1. All questions with which the Minister is concerned as the representative of the supreme authority in health matters.
2. Appointment of officials and employees of the Ministry.
3. Appointment of officials in institutes attached to the Ministry ; granting of equipment for same.
4. Appointment of officials in the general public health services.
5. Individual questions affecting officials mentioned in paras. 2 and 4 (rewards, punishments, etc.).
6. Training of medical officers, including advanced courses, travelling courses, etc.
7. The more important questions regarding the framing of the budgets and supervision of the accounts.
8. All questions of organisation, whether directly within the jurisdiction of the Ministry or concerning other Ministries as well.
9. All matters relating to legislation (*e.g.*, parliamentary bills to be drafted by the Government).
10. Important questions having a political bearing (interpellations, etc.).
11. Management of the buildings and landed estate belonging to the Ministry and of the various branch offices ; drawing-up of contracts.
12. Work connected with the Public Health Council and other advisory bodies.

13. Management of the library and auxiliary bureaux.
14. Routine matters.
15. Matters connected with the liquidation of the old Austro-Hungarian Empire.

There is a Press information office attached to the office of the head of the Administrative Department, the head of the Press office being responsible for the publicity of health questions and for the publication of the *Bulletin of the Ministry*, together with supplementary numbers of the same, and of a technical medical review ; he must keep in touch with the daily newspapers and other periodicals.

Department No. 1. — The Sanitary Police and Pharmaceutical Department.

First Section.

Infectious diseases, including malaria, but exclusive of tuberculosis and venereal diseases, which are dealt with by Department No. 3.

Measures for the enforcement of the law on compulsory vaccination. Questions affecting all persons engaged in medical work in general (except pharmacists and sick nurses), schools for midwives, relief work, health statistics, and co-operation in the organisation of the army health services.

Second Section.

Questions affecting the health services in the communes ; preliminary work with a view to uniformity in the service. Consideration of the legal aspects affecting Sections 2, 6 and 16 conjointly.

Third Section.

Pharmacies, trade in drugs, dietetic articles, cosmetics, etc., pharmacists, questions affecting them in their personal and professional capacity, education and training, matters connected with the office for the control of drugs, supervision of medical prescriptions ; this section does not, however, deal with the legal and administrative aspects of the above questions.

Department No. 2 A. — Hospitals.

Fourth Section.

Hospitals and charitable institutions in general, various types of asylum, all institutions not in the charge of the third and fourth departments. Professional questions

connected with the Prague General Hospital (except in their legal and administrative aspects).

Treatment of patients, questions affecting sick nurses, their education and training, questions relating to the insane.

Department No. 2B. — Institutes.

Fifth Section.

Medical superintendence of the State Institute for Food Control, the Pasteur Institute, the Institute for the Manufacture of Vaccination Sera, bacteriological and analytical institutes and the Institute of Popular Hygienics.

Sixth Section.

Hygienic supervision of health resorts, mineral and thermal springs, protection of thermal springs, their trade and products. Inspection of thermal springs and of watering-places.

Department No. 3.

Seventh Section.

General public health and social service from the viewpoint of social pathology : demography, social and sanitary superintendence of the population classified according to age, occupation, work, character, education, etc. Social aspects of the treatment of disease. Popular hygiene institutes (dispensaries), hygiene centres, etc. ; training of persons engaged in social hygiene, public health visitors, etc., their employment and all relevant technical questions, studies and scholarships for the same at home and abroad. Collaboration in the care of disabled soldiers. Housing hygiene, food questions, collaboration with the Czechoslovak Red Cross and voluntary welfare organisations. International relations.

Eighth Section.

Control of tuberculosis in general.

Camps for treatment of patients, institutes for scrofulous and tuberculous patients. Open-air huts for tuberculous patients at general hospitals, establishment and grants-in-aid of the above institutions, huts and camps. Travelling courses and allowances.

Ninth Section.

All other social diseases, especially venereal disease, prostitution, alcoholism, mental and nervous diseases, psychopathy, diseases due to malnutrition, diseases of the teeth of a social character. Study of these diseases and allowances for this purpose.

Ninth Section A.

Diseases of babies and mothers, care of the blind, deaf and dumb, epileptics and all physically infirm persons.

Department No. 4. — Industrial and Commercial Hygiene ; Hygiene in connection with Labour.

Tenth Section.

Industrial hygiene in all the various branches of labour, protection of workers, hygiene in domestic employment, occupational poisoning, occupational diseases, hygiene and supervision of self-governing sanitary institutions, prison hygiene, hygiene on the railways and other means of transport in connection with emigration, etc.

Eleventh Section.

Hygiene in the communes, water supply, disposal of waste matter, sanitation of communes, burial, baths, bathing establishments.

Department No. 5. — Physical Training and the Child.

Twelfth Section.

Scientific and medical questions relating to physical training, gymnastics, athletics and excursions, organisation of a national system of physical training. Drawing up of instructions for the construction of gymnasia and baths. Selection of sports grounds. Statistics relating to young persons and athletics. Supervision of sports organisations. Formation of a physical training institute.

Thirteenth Section.

Care and physical development of children, school hygiene, medical inspection of schools, examination of school-children, care of pregnant mothers, orphan asylums, founding asylums, sexual questions, choice of occupation, boy-scouts, etc.

Bureau for the Establishment of the State Institute of Hygiene.

All work connected with the construction of this institute.

Department No. 6. — Legal Sections.

Sections 14-17.

All legal and administrative questions relating to the various State hospitals and general hospitals in Slovakia and Ruthenia. Questions of doctors' fees. Legal

and administrative questions affecting the other State institutes under the control of the Ministry ; legal questions affecting the Prague General Hospital. All legal questions arising out of the epidemics and of compulsory vaccination laws. Legal questions in regard to State watering-places, and to pharmacies, the sale of foodstuffs, questions of criminal law, legal questions connected with the municipal sanitary services, etc.

Eighteenth Section.

A. All technical questions : *e.g.*, the construction of the permanent home of the Ministry of Public Health. The equipment of the same. Technical opinions on plans of buildings towards which a grant has been made from the Ministry's funds. Preparation of schemes for the State Institute of Hygiene, for State hospitals, sanitation from a technical viewpoint. Technical aspects of industrial and labour hygiene, etc.

B. Accountancy Section.

C. The bureau of the *Referendars* responsible for the budget.

D. Auxiliary bureaux of the Administrative Department (*Präsidium*).

E. Auxiliary bureaux of the Ministry.

BUDGET. (Diagrams IV and V, at end of volume.)

The budget of the Ministry of Public Health for 1923 brings out certain interesting facts which throw light on the manner in which opinions upon public health administration have changed since the foundation of the Republic. It must not be forgotten that the Government's financial policy was based on the principle of deflation and, in the first year in which deflation became effective, naturally resulted in a slight reduction of the budgets of the various Ministries. Nevertheless, the budget of the Ministry of Health shows an appreciable increase.

While the sum placed at the disposal of the Ministry in 1921 amounted to about 88,000,000 Czech crowns and in 1922 to 149,000,000, the 1923 budget makes an appropriation of 207,000,000. It is very interesting to follow the variations in the different items in the budgets from year to year, beginning with the year of the establishment of the Republic.

Whereas in the initial budget the largest sum was appropriated to the Central Administration and to combating epidemic diseases, subsequent budgets show a tendency to transfer most of the appropriations to active work and to assign larger

sums to the campaign against the social diseases, once epidemics had been almost entirely stamped out.

The item "State Institutions" shows a considerable increase in comparison with the preceding year, due to the fact that the Government has nationalised several hospitals on account of their precarious financial position and that a number of analytical laboratories are being constructed throughout the country. The increase is also due to the establishment of the Central Institute of Hygiene, now being built in Prague with assistance from the International Health Board of the Rockefeller Foundation. Nearly 50 million Czech crowns are appropriated for this item.

The appropriation for the campaign against epidemic diseases shows no change as compared with the preceding years. The country is practically free from dangerous and acute epidemics, and 5 million Czech crowns is considered adequate to protect it against diseases spreading from neighbouring countries.

The sum assigned to the campaign against the social diseases has been raised from 12 million to 14 million Czech crowns. This is due to the new law on venereal diseases, which came into force halfway through 1922.

There has been a steady annual increase in the item "child welfare." The child-welfare centres formed by the American Red Cross and taken over by the State are responsible for the increase over the preceding year, 7 million Czech crowns being appropriated for this purpose in 1923.

There is a slight increase also in the item "physical training," which now costs 6 million crowns.

The item "sanitation" and "construction of hospitals" does not show the entire sum assigned in the budget to this purpose, part of the money being included in the budget of the Ministry of Public Works. The State budget also contains a separate heading for capital expenditure, and part of this money will, of course, be devoted to health purposes. Seventeen million Czech crowns are appropriated in order to cover fees which patients in general hospitals are unable to pay themselves and for the payment of which no other person is statutorily liable. Thirty-one million crowns are set aside for the nationalisation of hospitals — 6 millions less than in the preceding year.

We cannot form a correct estimate of the cost of the entire campaign against disease undertaken by the country unless we take into account the expenses of other factors which have lent the State their assistance.

An interesting analysis of the method of financing the health campaign in Czechoslovakia was recently published in the local medical Press. The budget of the Health Ministry for 1922 amounts to 149,172,097 Czech crowns. Considerable supplementary sums are contributed by other ministries for health purposes. The budget of the

Ministry of National Defence shows a sum of 42,041,360 crowns devoted to this object, the Ministry of Railways 2,000,000, and the Ministry of Posts and Telegraphs 220,000. To these sums should be added the appropriations for health purposes in the budgets of the provincial Governments — in Bohemia, 205,564,196 crowns ; in Moravia, 77,266,320; and in Silesia, 21,116,099. The money paid by the provincial Governments is chiefly intended to meet the fees of hospital patients who cannot afford treatment themselves. The total of these appropriations, which do not include appropriations made by towns and cities, amounts to 497,380,072 crowns, or about 37 crowns per head per annum. This is equivalent to an appropriation of more than one American dollar per head per annum for health purposes alone.

STATE INSTITUTE OF HYGIENE.

Under the terms of a contract signed in 1920 between the International Health Board of the Rockefeller Foundation and the Czechoslovak Ministry of Health, a gift of 27,000,000 Czechoslovak crowns was accepted by the Czechoslovak Government for the foundation of a State Institute of Hygiene, the Government agreeing to spend an additional 23,000,000 crowns on the scheme.

Ever since the formation of the Ministry it had been the intention of the authorities responsible for its direction to found some such institution. The original proposal was for the establishment of a central public health laboratory, a training college for medical officers and sanitary personnel, and a research institute, which would afford the Ministry an opportunity for practical and scientific work and would prevent it from becoming a bureaucratic office, enmeshed in red-tape.

When it was seen that the estimates for the Institute were as high as 50,000,000 crowns, it was felt that the strict economy imposed by post-war conditions would not permit the realisation of this splendid scheme. Subsequently, when the Rockefeller Foundation's representatives, Colonel Frederick F. Russell and Professor Selskar M. Gunn, visited Prague, the scheme was submitted to them and was finally referred, accompanied by their recommendations, to the International Health Board in New York.

The ground for the Institute has already been purchased, and it is situated in Vinohrady, a suburb of Prague, on both sides of a large hospital, one of the best and most modern in the capital. The close proximity of hospital and laboratories will be of great advantage to both, and will afford excellent opportunities for research and instruction.

Plans have been made and agreed to by both parties for a large central building and a smaller one. Stables, a power plant, a sewage purification plant, and staff accommodation are included in the plans. Building was begun in the autumn of 1922.

The institute will consist of several sections. The section for the production of smallpox vaccine and sera will be situated in the small building, which will also house the section for Pasteur treatment. Pasteur patients will be housed temporarily in the hospital, where two wards will be built for them.

These wards will subsequently be used as the contagious disease and gynæcological wards of the hospital.

The main building will contain three stories ; it will include the central analytical laboratory, the section for analysing foodstuffs, the section for analysing drugs and the section for hygiene research. The latter will be subdivided into sections for school hygiene, an experimental station for water purification and sewage disposal, sub-sections for industrial hygiene and housing. The school for the training of medical officers of health and sanitary personnel will be attached to this section.

The institute will be independent of the University Faculty of Medicine and will be under the direction of a board of directors, some of whom will be men who have earned distinction in the laboratory.

Certain men, who have already been selected as heads of sections, have been sent at the expense of the Rockefeller Foundation to the United States for post-graduate study.

MEDICAL OFFICERS OF HEALTH.

Prior to the passing of the law on the nationalisation of the health administration, there were two categories of medical officers in Czechoslovakia : those in the service, of the State (from the superior authorities down to the district medical officer) and those in the pay of the autonomous districts (local medical officers).

Co-operation between these two categories had always been conspicuous by its absence. The State medical officers were the better trained for public health service, as they were required to pass a special examination, to be described later in this chapter. They were better paid for their services than the local health officers, although both categories practised privately.

The local medical officers were largely dependent upon private practice and always looked upon the State medical officers as the representatives of the Imperial Government. This prejudice against State doctors even survived the foundation of the independent Republic, and was one of the reasons why the organisers of the health services attempted to abolish the differential treatment of the two categories in the health

service by putting them on an identical footing in their relation to the State and giving them an identical standard of training.

The amalgamation of the entire corps of medical officers has not yet been achieved; however, a beginning has just been made.

The Ministry of Health employs 43 medical officers in the central offices. Two hundred and ninety-one medical officers are employed in the provincial and district health bureaux, the total number of officials formerly termed "State medical officers" amounting now to 334. All these officers are regular State employees under the civil service system.

State employees are graded according to salary. They receive special bonuses if married, if they have children, etc., the schedule for computing the salaries of the various employees being a very complicated one. The point may be illustrated if we take as an example a married medical officer with two children, particulars of whose monthly remuneration are given below.

| Grade | Basic Salary | Local Bonus | Special Bonus In Czech crowns ¹ | Family Bonus | Total |
|-------|--------------|-------------|---|--------------|---------|
| X. | 540 | 155 | 491.2 | 200 | 1,386.2 |
| IX. | 671 | 192 | 564.— | 200 | 1,627.— |
| VIII. | 846 | 242 | 686.4 | 200 | 1,974.4 |
| VII. | 1,065 | 305 | 813.6 | 250 | 2,433.6 |
| VI. | 1,371 | 392 | 724.— | 250 | 2,737.— |
| V. | 1,765 | 505 | 686.4 | 250 | 3,206.4 |
| IV. | 2,378 | 750 | 580.— | 250 | 3,958.— |
| III. | 2,684 | 1,000 | 475.2 | 250 | 4,409.2 |

It should be noted that most medical officers earn a supplementary income from the State by undertaking special investigations into epidemics, inspections of factories, etc. The supplementary income varies according to districts, and is quite considerable in the larger industrial cities.

The majority of medical officers on the active list are classified in grades IX-VII.

The minimum living salary for a family as given above is about 3,000 Czech crowns per month.

The number of local medical officers initially transferred to the State service is about 2,000.

In regard to the salary paid by the State, this latter category is on a different footing from the former. These are regular State employees with all pertinent rights,

¹ 100 Czech crowns = 17 Swiss francs.

whereas the local medical officers are at present engaged upon a contract, a provisional arrangement due to financial stringency.

For this purpose all appointments held by local medical officers were classified in five grades according to districts. It being impossible to appropriate a sufficient sum to secure an equal salary for all officers, the plan was adopted of allotting as much as possible to those districts in which a local medical officer was unable to reside owing to the meagre salary received by him, and was unable to supplement it by means of private practice owing to the poverty of the neighbourhood. Prior to the adoption of the law, 150 appointments of this category remained vacant, since doctors were deterred from residing in the districts in question by the apprehension of financial difficulty.

The local health officers are entitled to a fixed basic salary rising by 10 per cent every five years until a stated maximum is reached.

The following table shows the list of salaries :

| | | | |
|----------|--------|---|--------------------|
| Grade I. | 3,600 | — | 5,760 Czech Crowns |
| » II. | 5,100 | — | 8,160 » » |
| » III. | 7,500 | — | 12,000 » » |
| » IV. | 10,000 | — | 16,000 » » |
| » V. | 15,000 | — | 24,000 » » |

There are to be 100 appointments in Grade I, 150 in Grade II, 150 in Grade IV and 100 in Grade V. The remainder will be classified in Grade III.

Under the law on the nationalisation of the health administration, there will be no change in salaries higher than those mentioned above in cases where such salaries were paid prior to the passing of the law. There are, however, a few exceptions, confined to the larger cities : for instance, Plzeň (Pilsen), Brno (Brünn), etc. As a perusal of this law will show, its terms do not apply to the city of Prague, for which it is intended to pass a special law.

With regard to the training of medical officers, all State medical officers were formerly required to undergo a special examination in accordance with the Ministerial Decree of March 21st, 1873. The examination, known as the " Fysikat " was conducted by a special board nominated *ad hoc* by the Government. Candidates had to be in general practice for two years before they were admitted to take the examination. While candidates were not obliged by the regulations to take a regular course prior to examination, it became customary for those intending to appear before the examining board to pass certain university courses of about three months' duration.

The above-mentioned decree was amended by the Decree of the Czechoslovak Ministry of Health of October 12th, 1920, whereby social medicine, epidemiology and bacteriology were added to the list of subjects, and veterinary surgery was dropped.

This was a purely provisional arrangement, it being intended to reorganise the entire system of training for medical officers, since, under the law on the Nationalisation of the Health Administration, all medical officers, including local officers, will be required to pass the prescribed examination. Local medical officers who have not yet passed the examination and have been five years in the service will be exempted.

The Ministry intends to institute a regular course for the training of medical officers in connection with the State Institute of Hygiene now being built at Prague.

A special committee in the Ministry is at work on the scheme, but no definite decision has been taken as yet. The committee's chief difficulty will be to define the position of the Institute as a training establishment in relation to the medical faculties.

A special report on the education of sanitary personnel was recently prepared in the Ministry's section for the study and reform of the health services.

ORGANISATION OF THE MEDICAL PROFESSION.

Only doctors who have obtained the degree of doctor of medicine at one of the Czechoslovak medical faculties and are citizens of the Czechoslovak Republic are entitled to practise medicine.

Czechoslovak citizens who have obtained a foreign university degree must obtain a degree of equivalent value at one of the Czech universities (*nostrification*).

Foreigners may only practise medicine when authorised by the Ministry of Health, and even then as an exceptional measure.

Agreements based on the principle of reciprocity have been concluded with the adjacent countries in regard to medical practice in zones contiguous with the frontier.

Medical students are required to study in Czechoslovakia for a period of five years. In these five years they may enter only for the first medical examination (*Rigorum*) and the first half of the second examination. The second half of the second examination and the third examination may only be taken after the completion of the fifth year's study, so that the entire period of study is usually five and a-half years, and sometimes even longer.

The medical profession in Czechoslovakia is grouped in self-governing associations of doctors and in professional and scientific organisations.

The associations of doctors are institutions for regulating the moral and professional position of doctors. While they enjoy a statutory charter in Bohemia, Moravia and Silesia, they do not exist in Slovakia or in Ruthenia. The Bohemian association is subdivided into a Czech and a German section. There is no such division in the case of the Moravian and Silesian associations, which are open to Czech and German doctors on equal terms.

The associations are governed by a council and an executive committee. All matters concerning the moral and professional position of the members are brought before the committee for decision. Membership is compulsory for all practising doctors, with the exception of those employed in the State service. A schedule of punishments for offences against medical etiquette has been drawn up by the council. All members must pay the regulation subscription, and are entitled to take part in the election of the members of the council.

As there is no institution of this kind in Slovakia and Ruthenia, it is proposed to draft a new law for all medical associations in Czechoslovakia. A bill has been prepared in the Ministry and will very shortly be laid before Parliament. Under this bill, doctors employed in the State service will be placed within the jurisdiction of the associations.

The medical profession is also organised according to nationality, doctors of Czech and Slovak birth being members of the Czechoslovak Medical Association at Prague, while those of German parentage are grouped in the State Federation of German Medical Associations with headquarters at Usti n/ Labem (Aussig), and those of Hungarian blood have their own organisation at Bratislava (Pressburg).

It is estimated that there are about 6,000 doctors in Czechoslovakia, 2,983 being members of the Czechoslovak Association on March 31st, 1922. The number of members in the German and Hungarian federations is much smaller. It is estimated that 85 per cent of all doctors are members of the various professional organisations.

In addition to the above professional organisations, there are many scientific associations for the promotion of research and study. Among them should be mentioned the Czech Doctors' Society at Prague, Bratislava (Pressburg), Kosice (Kassa), Mukačevo, the Prague Balneological Association, the Eugenic Association, the Gynaecologico-Surgical Association, Purkyně's Association, the Oto-rhino-laryngological Society, the Dentists' Association, the Association for Cancer Research, etc.

PUBLIC HEALTH PERSONNEL.

Nursing. — There was no decree or law providing for the organisation of the nursing profession prior to June 25th, 1914, when the Austrian Ministry of the Interior issued a decree for the organisation of schools of nursing attached to the medical schools and public hospitals.

Under this decree, a diploma was introduced for nurses; it is awarded by schools organised in accordance with the instructions of the decree. Practising nurses desirous of taking advanced courses were entitled, prior to December 31st, 1919, to be examined by special boards constituted *ad hoc*. Special diplomas of this type have been issued to 117 candidates, 113 of whom are nuns.

In accordance with the above decree, two schools of nursing were founded in Bohemia, and these are the only schools at present in existence in the entire country.

A school for nurses with two sections, for Czech and German pupils respectively, has been founded in connection with the Prague General Hospital, where the medical school also is housed. The General Hospital superintendent is also superintendent of the school. The course lasts two years (of eleven months each), the lectures are given mostly by university professors and lecturers, and practical training, attended by medical students, is imparted in the wards.

The Czech section of the school was taken over from the State by the Czechoslovak Red Cross under an arrangement. The school was placed under the direction of two American nurses lent to the Czechoslovak Red Cross by the American Red Cross. In the meantime, Czech nurses are being trained in American nursing schools, with a view to their taking over the direction of the school at an early date. The German section of the school is run on similar lines.

Some 140 nurses have graduated since the school was opened. The majority are engaged in the State hospitals, having been the recipients during their period of studies of a State scholarship, under the terms of which they are obliged after graduating to remain in the State service for a specified term of years. There are at present 81 pupils in the school, 44 out of whom are in their first year and 37 in their second year.

A second school reserved for nuns was founded at Chomutov (Komořany) in 1914. The school is organised on much the same system as that at Prague. The training is conducted by the staff of the general hospital, which is modern and under good management. The course lasts two years. The school has some 40 pupils at the present time.

Nursing in the general hospitals can hardly be regarded as being in a satisfactory condition. Nurses in possession of a diploma are exceedingly scarce. The reason is that there are few such nurses anywhere, while the salary paid by the hospitals is exiguous (150-500 crowns, including board), the sleeping accommodation provided by the hospitals inadequate, and the work arduous, there being, on an average, one nurse to eight or ten patients.

For the above reasons, most of the hospitals are in the hands of nuns, who are under the direction of a superintendent and usually have a separate dormitory. The hospital pays no salary to the nuns, but sends regularly a specified sum of money to the authorities of the convent to which the sisters belong.

District nursing has not as yet reached any very advanced stage of development in Czechoslovakia. There are — but at Prague only — a sisterhood comprising 25 deaconesses, a private nursing association called “Charitas”, with 20 members, and a home for nurses with 32 sisters maintained by the Czechoslovak Red Cross. District nursing is almost unknown in the country.

Nursing in the Public Health Services. — There is no regular school in Czechoslovakia for nurses belonging to the public health services. Nursing work of this type

is largely carried on by the graduates of the social work school in Prague, which was originally founded solely for the purpose of training social workers, though questions of public health were later introduced into the curriculum. The school is attended by about 25 pupils each year. The course originally lasted for one year, but was later increased by another six-month term. The young women are given both theoretical and practical instruction.

In addition to the above, various short courses were organised, in order to meet the immediate demand for public health personnel. These courses were given by the Ministry of Public Health and by the Ministry of Social Welfare. The American Red Cross and Lady Paget's Mission organised similar courses for their local personnel, as part of their work in Czechoslovakia.

All these courses lasted from one to two months. It was finally decided to suspend them, as they proved to be of little value. A scheme for a special public health school is under consideration.

Midwives. — Midwifery is extensively practised as a profession in Czechoslovakia. It can be safely said that 95 per cent of all births are attended by midwives. Midwives must obtain a diploma before they are permitted to practise. There are midwifery schools at Prague, Brno (Brünn), Olomouc (Olmütz), Bratislava (Pressburg) and Košice (Kassa). The course, which combines both theoretical and practical training, lasts from five to six months. The general standard of education among the women is usually very low.

Generally speaking, it may be said that there is a surplus of midwives in the larger cities, while there are too few in the country districts, especially in Slovakia.

The Ministry of Health is preparing a midwifery law containing proposals for reorganising both the profession and the system of training.

Disinfecting Personnel. — There are very few trained disinfectors in Czechoslovakia. The work is carried on, as a part-time employment, by policemen, watchmen, etc., who are employed by the larger cities as required.

The city of Prague has founded a training school for disinfectors, where courses of about two weeks' duration are given from time to time according to demand.

MINISTRY OF RAILWAYS.

The Ministry of Railways possesses a special health department for the care of the employees of the State railways and for the sanitary supervision of railway premises.

Most of its work is devoted to supervising the employees' insurance association. There are some half-a-million employees in this association, of which the employees, families are also members.

The Ministry gives part-time employment to 749 railway doctors, whose duty it is to attend employees and to take care of their health by giving them lectures on questions of public health, etc. These doctors are general practitioners engaged under a special contract by the railway administration.

The health department of the Ministry has given special attention to the campaign against the social diseases among its employees, *viz.*, tuberculosis and venereal diseases.

There was recently published a report on an enquiry into tuberculosis carried out among railway employees in Ruthenia, which was selected as an experimental district. Two thousand nine hundred and twenty-nine employees were examined in the course of the enquiry. The patients were examined personally and the Mantoux tuberculin test was employed in all cases. On the basis of the results obtained, the cases examined were divided into five groups. The first group comprises cases who showed no physical symptoms of pulmonary tuberculosis and did not react to the tuberculin test. This group comprises 43.6 per cent of all cases examined. 15.5 per cent reacted negatively to the tuberculin test but showed slight symptoms of lesion upon examination of the chest. The third group comprised cases which gave a positive tuberculin result but showed no physical symptoms of the disease. 12.5 per cent belonged to this group. Cases which gave a positive tuberculin result and showed positive symptoms of a tuberculous affection of the lungs were classified in the fourth group. Finally, the fifth group contains cases which showed definite symptoms of pulmonary tuberculosis and are now undergoing tuberculosis treatment by an insurance doctor. In all cases the social conditions of the employees, particularly of those who showed positive symptoms of tuberculosis infection, were investigated. It was found that tuberculosis occurs most commonly among the category of railway employees engaged upon building new lines. A chart was prepared showing the percentage of positive tuberculosis infection at the different railway stations. It should be observed that, whereas an unusually low percentage reacted positively to the tuberculin test, the number of persons showing definite symptoms of a tuberculous affection is very large. The death-rate from tuberculosis among railway employees being very high (as much as 23 per cent in 1920), the results of the enquiry would seem to indicate that the tubercularisation of the population has made but small progress in this part of the country and that tuberculosis infection resulting in a tuberculous disease occurs frequently among persons of advanced years. On the basis of these investigations, the Ministry of Railways has drawn up a very thorough programme for extirpating tuberculosis among its employees.

For the purpose of affording expert treatment to all employees, tuberculosis dispensaries, with specialists in charge, are in course of formation in all districts. These dispensaries are also used as clearing centres for despatching tuberculous patients to a sanatorium which is maintained by the Ministry for railway employees afflicted with the disease. An interesting experiment was recently made with a view to a more efficient supervision of patients treated in the sanatorium or attending the clinics at the dispensaries. Several male social workers were appointed for the different districts, their work consisting of supervising tuberculous employees and ensuring that the Ministry's endeavours on behalf of tuberculous patients are not frustrated through ignorance or indifference on the part of the employees themselves.

In addition to the tuberculosis campaign, steps were taken for the suppression of the venereal diseases which, it had been noted, had developed as a consequence of the world-war. Venereal disease specialists have been appointed by branches of the insurance associations at Prague, Podmokly (Bodenbach) and Bratislava (Pressburg). Not only do they give treatment to patients but also conduct investigations into their home conditions, examine their families, and treat any infected members of the latter.

MINISTRY OF POSTS AND TELEGRAPHS.

The Ministry of Posts and Telegraphs has a sanitary subdivision. The subdivision is responsible for the sanitary inspection of the premises of the post and telegraph offices and for the medical examination of the personnel.

It was originally intended to establish a separate insurance association on the model of that set up by the Ministry of Railways, but the scheme did not materialise. Employees in post and telegraph offices are insured in the general district associations.

The subdivision also undertakes the medical examination of employees applying for leave of absence on account of illness, applicants for posts in the service, employees intending to retire from the State service, etc.

Generally speaking, the field covered by the work of the subdivision is too narrow. Medical officers are also appointed to carry out similar duties in the various districts administered by the Ministry of Posts and Telegraphs.

MINISTRY OF NATIONAL DEFENCE.

The Ministry has a separate department for sanitary and health questions. The department superintends the health conditions of the troops with the colours (150,000 men) and the medical treatment of the sick and disabled.

The department employs sixteen properly qualified workers. There are also 387 military surgeons on the active list. Military hospitals are established as required, and, indeed, are to be found in all parts of the country.

Special attention has been paid to the organisation of the treatment and prevention of tuberculosis among the troops. Patients are classified in four categories : advanced, curable, suspect and convalescent cases. Special regulations have been laid down for each category.

Soldiers suffering from venereal disease receive proper treatment in special army hospitals (with beds for 744 venereal patients) in the following towns : Prague, Plzeň (Pilsen), Terezín, Josefov (Josefstadt), České Budějovice (Budweis), Brno (Brünn), Olomouc (Olmütz), Užhorod (Ungvár).

A system of chemical prophylaxis has been introduced in all premises under army control and strictly enforced. The men are medically examined twice a week.

There are army institutions for the treatment of soldiers in the more important Czechoslovak watering-places : Karlovy Vary (Carlsbad), Jáchymov, Teplice-Šanov (Teplitz), Františkovy Lázně (Franzensbad), Luhačovice (Luhatschowitz), Píšťany.

There is an institution for disabled soldiers at Prague.

The Ministry of National Defence has established a special department for education, which makes every endeavour to impart instruction on health questions by means of lectures, cinematograph films, pamphlets, etc.

MINISTRY OF SOCIAL WELFARE.

The Ministry of Social Welfare comprises several important departments, which also have to deal with public health.

These are concerned mainly with child welfare, sickness insurance, the care of disabled soldiers, housing questions and industrial inspection.

The three first-named subjects will be considered in their proper place, while housing problems will be discussed in the chapter especially devoted to this question, and industrial inspection will be discussed in the chapter dealing with hygiene in industry.

One department of the Ministry of Social Welfare is devoted to child welfare. This department does not exercise a direct action but acts indirectly through the committees for child welfare.

These committees are organised according to provinces and nationality. There exists a Czech Committee in Prague and a German Committee in Liberec (Reichenberg). The Czech and German Committees for Moravia have their seat at Brno (Brünn). The Czech and German Committees for Silesia are established at Opava. There exists no such committee in Slovakia, nor in Ruthenia, where, however, its duties are carried out by the Czechoslovak Red Cross.

There are branches of these committees in all administrative districts of some 60,000 inhabitants. There are no local branches in smaller administrative units. Each district committee must maintain an office with a paid executive official.

These committees devote themselves solely to social work for the promotion of child welfare.

While the district committees deal only with individual cases, the provincial committees maintain institutions for the education of mentally deficient and abnormal children.

The funds necessary for the work of these committees are provided by the Ministry for Social Welfare.

In Slovakia and Ruthenia the situation is similar, the only difference being that the Czechoslovak Red Cross has provisionally taken over the duties of these committees.

In Košice (Slovakia) and Mukačevo (Ruthenia) there are State homes for children which are directly under the Ministry of Social Welfare. These homes are organised on the lines of orphanages and take care of the children not only while they are in the institution but also after they have left it and returned to their homes.

For the care of war invalids the Ministry for Social Welfare has established provincial bureaux. All those who before the war suffered from some infirmity which has become aggravated in consequence of war service are brought before district committees appointed for this purpose. These committees determine the degree of disablement of such invalids expressed in percentage, on the basis of which a bonus is awarded. This applies also to invalids who have contracted some infirmity in consequence of war service. These measures are provided for under the Law of February 20th, 1920, No. 142.

Soldiers who have contracted a curable disease during military service are entitled to free treatment in military hospitals for a period not exceeding two years after their discharge from military service. Soldiers who have received such treatment are not entitled to any bonus.

Those who have contracted a disease during the war and are suffering from the results of it are also afforded every opportunity of improving their physical condition in general hospitals and watering-places at the expense of the Ministry of Social Welfare. Special attention is devoted to the care of tuberculous patients.

Another important department of the Ministry of Social Welfare deals with sickness insurance.

According to the last report of the Ministry for Social Welfare there are three million and a-half registered members of insurance associations, and at least four million members of the families of these insured persons who receive benefits from the insurance associations. Thus, over half the population of the Republic belongs to the sickness insurance associations.

If we bear in mind the fact that agriculturists, and, in fact, the bulk of the rural population, are not as a rule members of insurance associations, we must conclude that the majority of the inhabitants of the larger cities are insured against sickness.

In the beginning, sickness insurance was provided for by very small insurance associations dependent upon some political party which exercised a preponderating

influence on the workmen at that moment. This state of affairs was partly remedied by the recent amendments introduced into insurance legislation, so that at the present moment there are only 631 distinct insurance associations in the Republic.

Membership of insurance associations is compulsory for all workers, servants or apprentices.

The insurance associations are bound by law to make certain statutory payments to their members. They are also entitled to grant certain additional benefits in so far as the financial situation of the insurance association permits.

The statutory benefits which the insurance associations are bound to grant are the following :

(1) In case of illness, free treatment by a qualified doctor from the outset, and in maternity cases the assistance of a midwife.

(2) If the illness lasts longer than three days and the insured person is unable to pursue his avocations, he is entitled to an allowance calculated according to the scale of wages in force at the time and divided into twelve grades. Insured persons are graded according to the wages which they were earning before they fell ill, and the allowance paid in each individual case amounts approximately to two-thirds of the wages which the insured person was earning when working.

(3) Pregnant women receive the statutory payment due to them in case of sickness six weeks before and six weeks after confinement.

(4) Mothers who nurse their children receive in addition one-half of that sum for a period of twelve weeks after confinement.

(5) If an insured person dies within a certain fixed period, his family receives a grant of at least 150 crowns.

(6) Free treatment is granted to the wife or the husband of the insured person, to children and step-children up to 16 years of age, to the parents, grandparents and parents-in-law, sisters and brothers who live with the insured person under the same roof and are not separately insured.

The insurance associations enter into written contract with the insurance doctors. Almost all insurance associations insist on the use of the regular insurance doctors. Free choice of physicians is allowed only by the insurance associations for private employees and by farmers' insurance associations.

Hospital treatment instead of free treatment by a doctor, and the payment of a sickness allowance must be provided : (1) for members of the family of an insured person if circumstances require it ; (2) for all insured persons in general.

The cost of transport of insured persons to the hospital must be borne by the insurance association. Insured persons are treated in the hospital at the lowest rate for a period not exceeding four weeks at the expense of the insurance association.

Members of an insured person's family who are dependent upon him and remain at home after his transfer to the hospital receive an allowance amounting to half the regular amount due for the period during which the insured person is kept in the hospital at the expense of the insurance association.

In every administrative district a general district insurance association has been established to which all persons must belong for whom insurance is compulsory and who do not belong to any other legally recognised association.

The district insurance association is administered by a general assembly of delegates, who are elected for a period of four years by all the members of the insurance association. The general assembly elects the executive committee of the insurance association, which consists of eight members with eight deputy members. The executive committee elects for a period of two years from among its members the chairman and the vice-chairman.

In addition there exists a committee of control consisting of ten members. Eight members are elected by the employers and two members are elected by the members of the executive committee.

The insurance associations are maintained by means of premiums paid according to a definite scale. Half the premium is paid by the employer, the other half by the employee. All payments to the insurance associations are made through the employers.

In addition to the district or general insurance associations, whose membership is generally by far the largest, the law also recognises industrial insurance associations for certain branches of industry, mutual insurance associations, and miners' insurance associations; the organisation and statutes of these associations are somewhat different from those of the general district associations.

The various insurance associations form part of larger groups called federations of insurance associations. These federations differ according to the nationality and political party of the majority of the members of the insurance associations of which it is composed.

There is a federation of Czech insurance associations belonging to the second Democratic Party, one belonging to the Party of Czech Socialists, a German federation for Bohemia, one for Moravia and Silesia, a federation of agrarian insurance associations, and a federation of insurance associations for private employees and officials. In Slovakia and Ruthenia, the insurance associations possess a central bureau at Bratislava.

The whole system of sickness insurance is to be completely re-organised when the social insurance laws which are in course of preparation come into force. The present coalition Government has placed social insurance on its programme and is under a pledge given to the political parties it represents to put it into effect before the year 1924.

The social insurance scheme was worked out by a special committee appointed for this purpose by the Ministry for Social Welfare. The insurance scheme provides for insurance against sickness, disablement and old age. The scheme falls into two parts: one dealing with the insurance of industrial workers and clerks, and the other with the insurance of artisans and agriculturists.

The central administration of the invalidity and old-age insurance will be established at Prague ; sickness insurance will be administered by the district insurance associations. These measures are intended to put an end to the present state of affairs, the insurance associations being largely under the influence of some political party.

NATIONAL COUNCIL OF SOCIAL HYGIENE.

The movement for the systematic centralisation of voluntary public health and social work dates from the end of 1920. The original authors of this movement were Dr. Alice G. Masaryk, President of the Czechoslovak Red Cross, and Professor Selskar M. Gunn, who was then staying at Prague as representative of the Rockefeller Foundation. A provisional National Council of Social Hygiene was constituted on April 28th, 1921. On May 1st of the same year the Executive Bureau entered upon its duties, the necessary funds being provided for a period of one year by the Rockefeller Foundation.

During the first year, the Council's activities were devoted to organisation, publicity and study.

The Council was constituted on the federative principle — that is to say, all the associated organisations retain their full independence. The Red Cross, the Masaryk League against Tuberculosis, the Czechoslovak Association for Combating Venereal Diseases, the Czechoslovak Maternity and Infant-Welfare Association, the Czechoslovak Temperance Association, the Provincial Commission for Child Welfare in Bohemia and the Provincial Association for the Education and Treatment of Cripples each send one delegate and one deputy to the General Assembly, which takes place at least four times a year. Representatives of Ministries attend in an advisory capacity. The Assembly of Delegates moves and passes resolutions, which become binding for the affiliated organisations only after they have been approved by these organisations.

The current business of the Council is dealt with by the Executive Committee, with the assistance of the secretary of the Executive Bureau.

It was necessary to organise an intensive publicity campaign in order to make the Council known to the local social organisations, so that the latter should invite the Council's co-operation in all cases in which it might be of use. This was achieved partly by means of the Press, partly by publishing regular reports on the activities of the Council and partly by the personal influence of the secretary.

At the time when the Bureau took up its work, no data concerning voluntary social and public health organisations were available, and all problems were judged from the narrow point of view of each organisation. To remedy this state of affairs the Executive Bureau made a study of the affiliated associations and explained the data thus obtained by means of commentaries and diagrams. It also collected a small

library of publications issued by the various organisations. These investigations brought to light facts which were taken into account when the programme of work for 1922 was established.

In 1922 the Council made it its principal concern to inform the various organisations of the work accomplished by the others in order to avoid overlapping. For this purpose it issues a quarterly bulletin, in which an account is given of the work accomplished by the associations during the previous three months and a programme of work is published for the next quarter. Moreover, the secretary attends most meetings of the organisations and thus has an opportunity of drawing attention to any possible overlapping of activities or encroaching on other interests.

In the same year the National Council of Social Hygiene endeavoured to centralise the various organisations. It was possible, with the assistance of the Council, to amalgamate the Czechoslovak Child-Welfare Association with the Czechoslovak Maternity and Infant-Welfare Association, thus forming a single association working for child welfare. Two more members were added to the Council : the Záchrana — an association for the protection of youth — and the Provincial Committee for Child Welfare in Moravia. Thus all organisations for child welfare are now centralised in the Council of Social Hygiene. Once the impetus had been given, the centralisation movement spread. The associated organisations sent circular letters to all their branches advocating the centralisation of all private social work and indicating the means by which this might best be effected.

An agreement was also reached regarding the procedure to be followed by the association in order to obtain the necessary funds. In the spring of 1925 a joint appeal for funds will be launched by the associations engaged chiefly in public health work, and in the autumn by those working mainly for child welfare. It is to be hoped that in this manner the revenues will not only be stabilised but also increased, since a joint appeal is more likely to attract attention, and the public is sure to welcome this form of centralisation.

The negotiations actually proceeding with regard to the erection of a building for the joint use of voluntary associations promise well. A board of trustees has been appointed for this purpose, which has at its disposal not only the building site but also considerable funds.

Preparations are also being made for the annual conference of social workers.

Within the Council, a committee for the training of professional social and health workers has been appointed, one of whose chief functions is to see that this training is not given in the form of unmethodical short courses, which do more harm than good. Curricula of courses and schools must be submitted to this committee before they can be given.

The Assembly of Delegates has adopted various resolutions, which were transmitted to the organisations for execution : *e.g.*, the resolution on the joint use of premises, etc.

The maintenance of the Executive Bureau during the year 1922 was greatly facilitated by a gift from the Czechoslovak Red Cross. It is hoped to maintain the Executive Bureau out of funds obtained as a result of a general appeal to the public, of which the Executive Bureau is to have a share.

The National Council of Social Hygiene has another great advantage, inasmuch as it consists in the organic grouping not only of health organisations but also of social organisations. Thus it constitutes one comprehensive organisation in which physicians and social workers must work in close co-operation if the desired results are to be achieved. The soundness of the system of centralisation is proved by the remarkable results which have been achieved and by the fact that, although the Council has no direct jurisdiction over the associations, it has nevertheless secured the full co-operation of all its members who have rallied to its slogan : " Unselfish work for all ".

THE CZECHOSLOVAK RED CROSS.

The Czechoslovak Red Cross is the most powerful of all the private social and health organisations in Czechoslovakia.

It was created on February 6th, 1919, by the President of the Republic, who appointed his daughter (Dr. Alice G. Masaryk) president of this organisation.

The Red Cross is composed of a central bureau and the divisional offices for Bohemia at Prague, for Moravia and Silesia at Brno, for Slovakia at Bratislava and for Ruthenia at Mukacevo. These divisions, again, include some 500 local boards.

The central bureau in Prague consists of the office of the director and of his adviser on organisation and economic questions, and three departments : *i.e.*, the department for public health questions, the social department and Junior Red Cross. All these departments use the same accountancy office and registry.

The local boards are organised as non-political associations and elect their own delegates. These delegates meet once a year and elect an executive committee. This committee, together with the presiding officer and the heads of the departments, meets at least once a month in order to deal with current business. The Assembly of Delegates may be convened in extraordinary session in order to decide important questions of general policy.

The revenues of the Red Cross from February 1919 to December 1921 amounted approximately to 119,233,605 Czech crowns, and the expenditure from February 1919

to December 1921 approximately to 86,020,486 Czech crowns. A considerable portion of these revenues consisted of donations received from abroad.

The work of the Red Cross can briefly be summarised as follows :

The Campaign against Epidemics. — In Turzovka (Slovakia), where a large portion of the population has been suffering from typhus, a hospital was established with the help of Lady Paget's Mission.

In the region of Tešinsko a medical mission vaccinated 14,000 people against small-pox.

A staff of ten physicians was sent to Slovakia and Ruthenia to organise the campaign against epidemics.

The castle of Bytčica was purchased for the purpose of establishing a children's hospital with the help of the League of Red Cross Societies and Lady Paget's Mission.

A portable fever hospital was established at Hust in Ruthenia.

A model hospital train, provided with a dispensary lent by the American Red Cross, was operated in Ruthenia.

A new sanitary train of the Czechoslovak Red Cross is in process of construction.

An enquiry was instituted in Slovakia and Ruthenia, in co-operation with the League of Red Cross Societies and the Ministry of National Defence, in order to ascertain the position in regard to infectious diseases.

Stores of medical supplies are being collected.

Training of Public Health and Social Workers. Public Health Education. — The following courses were organised :

A course for the disinfecting staff.

A three-months course for war nurses.

A course for child-welfare visitors (with the aid of Lady Paget's Mission).

A number of courses for voluntary nurses.

A course for the heads of summer colonies for children (with the help of the Y.M.C.A.).

Courses for first-aid.

The State School of Nursing has been organised with the help of the American Red Cross.

A first-aid department (Samaritans) has been established.

A congress for the study of venereal diseases was organised in co-operation with the League of Red Cross Societies.

Preparations have been made for the establishment of a school for social welfare work in Slovakia.

A home for Red Cross nurses has been established.

100,000 pamphlets on public health have been issued.

Posters have been exhibited and films shown (with the assistance of the League of Red Cross Societies).

Four nurses and eight doctors have obtained scholarships at foreign schools, the former with the American Red Cross and League of Red Cross Societies and the latter with the Rockefeller Foundation and League of Red Cross Societies.

The Educational Health Unit, established in 1921 with the help of the League of Red Cross Societies, has given 514 lectures, which were attended by 220,000 persons.

During the summer holidays of 1921, a staff of 20 social workers was sent to Switzerland to be trained.

Medical Social Service. — Gifts received from abroad have been distributed to hospitals, various institutions and individuals.

Children suffering from malnutrition and persons threatened with tuberculosis have been sent to health colonies. In 1919, 1,223 children were sent to Switzerland, Sweden, and to the health resort Smokovec in the High Tatra. In 1920, 740 children were sent to Switzerland for recuperation. In 1921, 534 children threatened with tuberculosis and 36 Czechoslovak children returned from Switzerland were placed in colonies.

Five dispensaries for tuberculous patients of all ages and one sanatorium for the emergency treatment of the poor have been established.

A number of sick persons have been placed in sanatoria, hospitals and other institutions.

Investigations have been carried out regarding 164,180 missing soldiers, and 1,109,000 letters from prisoners to their families and vice versa have been transmitted.

The widows of a certain number of American legionaries have been sent back to America.

A bureau for emigrants has been established where they can obtain assistance and legal advice ; 16,205 emigrants have passed through the Prague bureau. The total number of persons who were given a night's lodging was 74,548.

Assistance has been given to refugees, especially to those from Russia and the Ukraine. Fifteen thousand seven hundred and forty-five of these received pecuniary assistance amounting to 1,019,825 Czech crowns. With the assistance of the Czechoslovak Government, 439 children were brought from the famine area in Russia to Czechoslovakia.

Efforts have been made to centralise the national social welfare and health organisations, and a National Council of Social Hygiene has been organised on the initiative of the Red Cross. This Council includes eight of the most prominent national social-welfare and health organisations.

115,575 children were enrolled in the Junior Red Cross up to December 1921. All of them adopted a specific programme and have done good work, especially as

regards relief given to starving children in Russia. In 2,000 schools more than 20,000 articles of clothing were made ; the children collected about 150,000 Czech crowns and found 800 families who were willing to receive and care for Russian children. The education of the young promises to be one of the most important activities of the Czechoslovak Red Cross.

PRIVATE HEALTH AND SOCIAL ORGANISATIONS.

The Masaryk League against Tuberculosis ranks only second after the Czechoslovak Red Cross among the organisations which carry on the campaign against disease and social evils.

As a matter of fact, the League, formed on a national plan, has been organised after 1918 and took the place of similar provincial associations.

In 1922 the Masaryk League against Tuberculosis had 137 local branches and over 20,000 members. It is intended to organise the local chapters into county organisations corresponding to the political administration.

The programme of the League is largely educational : every year a post-graduate course for physicians and for public health nurses is held in Prague. A manual on the service in a tuberculosis dispensary has also been published. Great emphasis is placed on popular lectures and propaganda carried on with moving pictures and literature.

The creation of dispensaries forms the chief item of the programme. The League is endeavouring, by granting financial assistance, to build up tuberculosis dispensaries in communities where a local chapter exists. Many of the local chapters maintain preventoria for children.

Although it is not its proper function, the League is paying fees in tuberculosis sanatoria for a great number of patients.

Besides the League, there exists a Scientific Association for the Study of Tuberculosis, which organised a National Congress of Tuberculosis Research Workers in 1923 with great success.

The child-welfare associations, the Association for the Campaign against Venereal Diseases and the Temperance League will also be dealt with in separate chapters.

The Association for the Education and Treatment of Crippled Children should be mentioned at this point. There are two associations of this type : one for the province of Bohemia and another for Moravia. Both maintain institutions for the treatment of crippled children.

There is also an association for the care of the blind and another society for the care of the deaf and dumb.

The Bohemian Heart is an association which was formed during the war for the purpose of providing milk for mothers and nurslings in times of scarcity.

There is also an association for the care of feeble-minded children at Prague, and an association for the care of epileptics, both maintaining institutions for the purposes indicated.

The former legionaries of the Allied armies also maintain charitable institutions for the support of their comrades. The Association of Disabled Soldiers, which assists its members by organising various co-operative societies, etc., is also a very powerful organisation.

All the private social-welfare and health organisations are divided according to the nationality of the members, so that there are German associations corresponding to the Czech Anti-Tuberculosis Association, to the Society for the Prevention of Venereal Diseases, child-welfare associations, etc.

PUBLIC HOSPITALS.

The hospitals in Czechoslovakia are divided into public and private institutions and institutions possessing the status of public hospitals. The last-named hospitals are institutions which have agreed to receive patients at certain fixed charges, which are published from time to time by the Ministry of Health.

The public hospitals are maintained by the State, province, county, district or town. These institutions are privileged, inasmuch as the charges for patients who have been admitted to the hospital and are unable to defray their expenses are paid out of public funds — in Bohemia, Moravia and Silesia by the province, in Slovakia and in Ruthenia by the State. In such cases enquiries are made regarding the circumstances of the patient's family, and, if it is ascertained that he possesses no relative who is willing or bound by law to defray the hospital charges, the latter are paid out of public funds. In return, such a hospital is bound to admit all urgent cases. The public funds do not defray the cost of the treatment in hospital of any patient whose condition is chronic and does not warrant the hope of improvement at the time when the patient is admitted to the hospital. The only exception to this rule is made in the case of patients whose life is actually in danger.

There are, as a rule, three classes in the general hospitals. Only the charges in respect of the lowest class are paid out of public funds. The members of a sickness insurance association are entitled to four weeks' treatment in a public hospital at the expense of the insurance association. A large proportion of the patients treated in public hospitals are members of insurance associations.

There were no State hospitals in the Czech provinces of Bohemia, Moravia and Silesia before the creation of the Czechoslovak Republic. Only Slovakia possessed a few hospitals of that kind. Most of the hospitals in Bohemia were urban and district hospitals; in Moravia and in Silesia, provincial hospitals. Public hospitals, therefore, were under the jurisdiction of the various autonomous administrations.

The development of the hospitals was left largely in the hands of private enterprise, and therefore the hospitals were constructed to a great extent according to the ideas of the local authorities without taking into consideration the needs of larger administrative units. Thus, more advanced districts founded a great number of hospitals, while districts which possessed less initiative remained without them.

The general financial situation after the war affected the public hospitals very unfavourably. The increased cost of living could not be balanced by any increase in the fees charged to the patients, and therefore most of the hospitals had large deficits. The public authorities responsible for the management of these institutions were not in a position to cover these deficits, because under the centralisation system the greater portion of the yield of the taxes remains in the hands of the State, and the autonomous administrations have only very small revenues at their disposal.

It was this situation which gave the impetus to the nationalisation of public hospitals — a measure strongly advocated by the Ministry of Health. But the hopes of the Ministry were not entirely fulfilled on account of the stringent measures of economy rendered necessary by the state of the public finances.

The general hospital at Prague is in process of nationalisation, since this is the only way of strengthening its financial position. The hospitals at Vinohrady, near Prague, and at Moravská Ostrava were also nationalised, because they are in the centre of the largest industrial district of the Republic and the financial resources of the district were not sufficient to make the necessary improvements to ensure the perfect working of the hospitals.

For similar reasons, some of the hospitals in Slovakia were taken over by the State: *i.e.*, those at Bratislava, Zilina, Lučenec, Košice, and Mukačevo.

Most of the hospitals in Slovakia and Ruthenia are county hospitals.

The Ministry proposes to revise the whole system of hospitals in the Republic, because, for the greater part, they were not built in the most suitable places and are not fully organised. There are large districts in which there is only one general hospital, while in other places permanent vacancies in the hospitals are numerous.

New public hospitals are urgently needed in the south-western part of Central Bohemia, in many places in Slovakia, and the eastern end of Ruthenia.

The Ministry intends to build in every county a large hospital where all branches of medicine will be practised by a highly efficient medical staff. Hitherto most of the general hospitals have been, in fact, surgical hospitals, in some of which house-pupils have acted as assistants. Only the hospitals in the university towns possessed a specialised staff for all branches of medicine. Smaller general hospitals should be erected in the districts.

As will be seen from the accompanying table, the number of beds in the Czechoslovak Republic is not small, since there are almost two beds for every 1,000 inhabitants. The only difficulty is the unequal distribution of the beds over the territory (see Diagram VI at end of volume).

As has already been said, no incurables are admitted to the general hospitals. It had been hoped that the communes would establish infirmaries for such patients, but, although a great many institutions of this kind exist and are registered as such, only a few actually serve the purpose for which they are intended. In most of the infirmaries, medical and nursing staffs are either wholly lacking or inadequate, and these institutions should be called poor-houses rather than infirmaries. At the present moment, the Ministry is making a special study of such institutions and hopes to be able to adopt a definite programme for their re-organisation in the near future.

HOSPITAL BEDS IN THE CZECHOSLOVAK REPUBLIC.

Bohemia (96 hospitals).

| | |
|---------------------------------|------------|
| In the district hospitals | 7,672 beds |
| » » urban hospitals | 4,475 » |
| » » State hospitals | 1,929 » |
| » » private hospitals | 823 » |
| Total | 14,899 » |

Moravia (27 hospitals).

| | |
|--------------------------------|------------|
| In the urban hospitals | 2,735 beds |
| » » State hospitals | 208 » |
| » » private hospitals | 156 » |
| » » provincial hospitals | 1,438 » |
| Total | 4,537 » |

Silesia (8 hospitals).

| | |
|--------------------------------|----------|
| In the urban hospitals..... | 344 beds |
| » » private hospitals..... | 60 » |
| » » provincial hospitals | 445 » |
| Total | 849 » |

Slovakia (28 hospitals).

| | |
|-----------------------------|----------|
| In the urban hospitals..... | 530 beds |
| » » State hospitals | 1,990 » |
| » » private hospitals..... | 137 » |
| » » county hospitals | 1,806 » |
| Total | 4,463 » |

Rulhenia (4 hospitals).

| | |
|-----------------------------|----------|
| In the urban hospitals..... | 892 beds |
| » » county hospitals | 360 » |
| Total | 1,252 » |

Czechoslovak Republic (163 hospitals).

| | |
|--------------------------------|------------|
| In the urban hospitals..... | 8,976 beds |
| » » district hospitals..... | 7,672 » |
| » » State hospitals | 4,127 » |
| » » county hospitals | 2,166 » |
| » » provincial hospitals | 1,883 » |
| » » private hospitals..... | 1,176 » |
| Total | 26,000 » |

PRIVATE HOSPITALS AND SANATORIA.

As was pointed out in the chapter dealing with public hospitals, there are two kinds of private hospitals : those which have accepted the rights and obligations of a public institution and those which have not.

Hospitals of the first-named category exist mainly in Slovakia.

Of the second category, the big private sanatoria in Prague, Podoli, belonging to an association of physicians, and the Grand Sanatorium in Bratislava, should be

mentioned. Besides these big sanatoria, there are smaller institutions which belong either to sickness-insurance federations or to the sickness-insurance associations of big industrial enterprises.

There are also private sanatoria owned by doctors who give specialised treatment for certain diseases, such as mental diseases, gynæcological cases, tuberculosis, etc.

There are in Czechoslovakia 1,506 beds for pre-tuberculous children, 3,264 beds for patients suffering from curable forms of tuberculosis and 423 beds for incurable tuberculosis patients.

A large proportion of the beds for pre-tuberculous children and those for patients suffering from curable forms of tuberculosis are maintained by private associations. The remaining beds for curable tuberculosis patients and for advanced cases are included in the general public hospitals.

HOSPITALS FOR THE INSANE.

Special institutions for the insane exist only in Bohemia, Moravia and Silesia. Slovakia and Ruthenia only possess wards in general hospitals where the insane can be accommodated.

The hospitals for the insane in the Czech provinces are maintained by the autonomous provincial administration.

The regulations regarding payment are the same as those in force in general hospitals.

In Bohemia there are six hospitals for the insane with a total of 7,108 beds — *i.e.*, more than one bed per 1,000 inhabitants ; in Moravia, four, with 3,043 beds ; in Silesia, two, with 556 beds.

A large hospital is under construction in Nemecky Brod in Bohemia.

Quarterly and annual reports regarding admittances to and discharges from the lunatic asylums are sent to the provincial administration on prescribed forms (see Diagram VI).¹

LYING-IN HOSPITALS.

Special lying-in hospitals exist only in Bohemia, and Moravia, Slovakia and Ruthenia have only special wards in general hospitals to which maternity cases are admitted.

The Prague lying-in hospital is an institution maintained by the autonomous provincial administration and possesses 520 beds. The training school for midwives forms part of that institution.

The Prague lying-in hospital is attached to the Foundling Hospital. This institution looks after the children of unmarried mothers and keeps in touch with them even after discharge from the institution. If the mother is unable to look after her child,

the child is placed with suitable persons and supervised by the organs of this institution.

The lying-in hospitals in Moravia are also maintained by the autonomous provincial administration and are situated at Brno (Brünn) and Olomouc (Olmütz). Training-schools for midwives are attached to them. The Brno institution is about to organise a foundling hospital which will be attached to it. The total number of beds in these hospitals is 303.

The fees charged are similar to those charged in the general hospitals. A difference is made only in the case of mothers who are members of a sickness-insurance association, since it is specifically stated in the insurance laws that the insurance associations are not liable for the payment of fees charged in lying-in hospitals.

The Czechoslovak Association for the Protection of Mothers and Children is trying to develop a system of small lying-in hospitals where mothers from the surrounding districts could be cared for during their confinement. It has organised such a private lying-in hospital at Prague and is founding several others in the country (see Diagram VI).

HEALTH CENTRES.

Two years ago the Ministry of Health began organising social and health centres in the larger towns. It was the intention of the Ministry to create institutions designed to be of special value in the campaign against social diseases. These institutions were intended by the originator of the idea, Dr. Francis Hamza, who is now professor of social medicine in Brno, primarily as centres for the prevention of disease. The first of these centres were established in the form of tuberculosis dispensaries, and, thanks to the activities of the American Red Cross, twenty towns have added to them preventive child-welfare stations. Three of them have also opened dispensaries for venereal diseases. In the beginning it was difficult to limit the functions of these centres entirely to the prevention of disease. The physicians who were appointed as heads of these centres had been trained as practitioners of curative medicine and naturally began to treat diseases in these centres. In many places this development created a certain hostility against the centres in the minds of the medical profession. This was especially the case in the tuberculosis clinics, where the tuberculin treatment was administered. But the relations between the medical profession and the tuberculosis dispensaries are improving, because now the physicians limit their activities in the dispensaries to the prevention of disease, and by degrees the medical profession is becoming familiar with questions of social hygiene, thanks to the efforts of the Committee on Social Medicine — a very active body composed mainly of young physicians. The activities of the child-welfare centres were, from the beginning, limited to the medical control and supervision of children and therefore did not arouse the antagonism of the medical profession. The question was much more complicated in the case of

the dispensaries for venereal diseases, since it is very difficult for the staff in these dispensaries to limit its functions to purely preventive measures. The Ministry of Health has prepared a tentative programme for these dispensaries which is modelled largely on the experiments made in Germany. It intends to run these venereal disease dispensaries as institutions for the control of venereal patients who are forced to continue the treatment under the new venereal diseases law until they are declared free from infection by the doctor. The function of the dispensary will be limited to the control of the patients, and no treatment will be given. If the patient is subject to the insurance act, he or she will be sent to the practitioner of the insurance association to which the patient belongs. If there is nobody who is responsible for the payment of the expenses connected with the treatment, the dispensary will send the patient to a medical practitioner, whose fees for treatment will be paid out of the dispensary funds according to the scale provided for under the insurance scheme. The Ministry proposes to open such a dispensary at Moravská Ostrava, which is a big industrial city ; it hopes to utilise the experiences gained in that city when erecting similar dispensaries in other large towns. In this way the health centres will be brought into closer contact with the sickness-insurance associations, and at the same time machinery will be created for the carrying-out of the new venereal disease law for which the routine of the public health administration is perhaps too cumbersome. These social welfare and health centres are maintained out of grants-in-aid from the Ministry and contributions from local funds. When the re-organisation of the administration of the country has been completed, it is intended to make the counties responsible for the maintenance of these centres.

HEALTH RESORTS.

The Czechoslovak Republic is exceptionally rich in medicinal springs.

The famous watering-places Karlovy Vary (Karlsbad) and Mariánské Lázně (Marienbad) are situated within its borders. There are a great many smaller watering-places in Bohemia and Moravia ; they are exceptionally numerous in Slovakia, especially in the High Tatras mountains.

These watering-places are owned either by private persons or by the communes or by the State. The State owns seven watering-places, the largest of which is the famous radium watering-place at Jáchymov. The other State health resorts are in Slovakia ; these belonged to the Hungarian State and therefore were taken over by Czechoslovakia when it became an independent State.

The inspection of health resorts is not yet organised in a uniform manner throughout the Republic. New regulations are therefore in course of preparation. In Bohemia and Moravia, the inspection of watering-places is carried out by the district health officers with the assistance of special local committees appointed for this purpose. There were no such committees in Slovakia.

The Ministry of Health is ultimately responsible for the inspection of watering-places as well as for the administration of State watering-places.

At the present moment, from 40 to 50 per cent of the visitors at the Czechoslovak watering-places are foreigners. Before the war, this figure was higher, *i.e.*, about 70 per cent. Most of the foreign visitors come from the neighbouring States and not, as formerly, from England, America, Sweden and Russia. Difficulties of travel and the fluctuations in the exchange have proved a severe obstacle to the development of the watering-places and of the hotel industry.

CAMPAIGN AGAINST EPIDEMIC DISEASES.

The campaign against epidemic diseases in the Czechoslovak Republic is regulated by two laws. The law which is in force for the territory of Bohemia, Moravia and Silesia dates from April 14th, 1913, No. 67. In Slovakia the campaign against epidemic diseases is regulated by the general Public Health Law of 1876, paragraphs 80-91. A translation of these laws is appended (Annex A).

In the course of these last years, epidemic influenza and chicken-pox have been added to the list of epidemic diseases notification of which is compulsory under the Law of 1913.

This law lays down which persons are responsible under the law for notifying the health authorities of cases of infectious diseases or of death from infectious diseases or of suspected cases of such diseases.

The first cases of the more virulent infectious diseases must be notified to the health authorities by telephone or telegram.

The new law on the nationalisation of health services will introduce a great many changes into the method of making epidemiological investigations after an infectious disease has been reported. Hitherto the investigation was carried out by the district health officer with the assistance of the local health officer. Henceforth the responsibility will probably devolve on the local health officer. The detailed instructions for these health officers have not yet been completed, and it is not possible to describe the organisation in detail, as it will go on developing.

The law prescribes isolation in hospitals in all cases where isolation in the home is not possible. In actual practice, however, almost all cases of notifiable infectious diseases, with the exception of influenza and chicken-pox, are isolated in hospitals. The law further prescribes the measures which must be adopted by the responsible health officer in case of an outbreak of any epidemic disease. The rules and regulations which were issued under this law contain a very detailed description of the measures which must be adopted in the case of each epidemic disease.

Under this law the State is authorised to pay compensation for any articles which may have to be destroyed in order to check the spread of an epidemic, to pay compensation to those who may have incurred financial loss through inability to work during a period of isolation on the suspicion of an infectious disease, and to pay a pension to the widow or orphans of any physician who may have died from an infectious disease contracted while fighting the epidemic.

On the whole, it may be said that the law is up to date and works very satisfactorily.

The Slovak law contains more or less similar stipulations in regard to the campaign against epidemic diseases ; the only difference is that it is drawn up in more general terms and does not contain such detailed provisions as does the law described above. The Slovak law includes syphilis among the infectious diseases and makes the State responsible for the treatment of indigent luetics ; it also makes the treatment of syphilis compulsory in the same way as any other infectious disease. The State is authorised to open special hospitals for the treatment of persons suffering from syphilis in places where this disease is especially prevalent.

Among the legal measures for combating epidemic diseases should be mentioned the law on compulsory vaccination of 1919, in force throughout the Republic.

It was largely due to these legal measures that it was possible to eradicate the more virulent epidemic diseases from the territory of the Czechoslovak Republic in the first two years of its existence as an independent State. The most serious epidemics with which the Health Service has had to contend are smallpox and typhus. The smallpox epidemic swept the whole country, while typhus was confined to Ruthenia and the eastern part of Slovakia.

In order to make the campaign against the virulent infectious diseases more effective, the Ministry of Health has organised a mobile unit. This unit consists of five motor-cars equipped for purposes of disinfection and delousing ; one car is equipped as a laboratory, the rest of the cars serve for the transport of patients to hospital. It was only through this unit that it was possible to reach the most distant Carpathian villages and to transport typhus patients to the hospitals. The tact and devotion shown by the personnel of the unit won the confidence and esteem of the peasant population and secured its full co-operation.

In the years 1920 and 1921, the epidemics service was greatly strengthened in the eastern part of the Republic by the addition of a sanitary train which was lent to the Czechoslovak Government by the American Red Cross and which was operated by the Czechoslovak Red Cross. This train served the same purposes as the automobile unit described above. This train proved so invaluable that the Czechoslovak Red Cross has equipped a similar train and will put it into operation in the near future. In addition, the Czechoslovak Red Cross possesses a portable hospital which can also be used in the campaign against epidemics.

No general data for the whole country regarding anti-epidemic measures, hospital accommodation for cases of infectious diseases, disinfecting plant, isolation rooms, etc., are available. The Department for Research and Reform of the Ministry of Health has placed the preparation of such a survey for the Czechoslovak Republic on its programme.

DISINFECTING STATIONS.

There is a large disinfecting station at Svatoborice in Moravia for emigrants from Slovakia and Ruthenia who wish to emigrate to the United States. No passport is issued to such emigrants before they have passed through the above-named station and have received a certificate that they are free from any infectious disease and are not germ-carriers likely to spread infection.

There exists now only one delousing and disinfecting station, *i.e.*, the one at Bohumín on the Polish frontier, through which passengers from the eastern countries must pass. They are detained there one or two days before they are allowed to continue their journey.

If they are suspected of suffering from any infectious disease, they are sent to the observation station at Pardubice (Bohemia), where they stay twelve days.

These measures mainly affect Czechoslovak citizens returning from Russia and Poland. Lately the traffic through these stations has become so insignificant that the Pardubice station will probably be abolished in the near future.

Both these stations, at Bohumín and at Pardubice, are now placed under the authority of the civil administration; until quite recently they were under the authority of the Ministry of National Defence.

As a measure of safety it is proposed to erect disinfecting stations on the frontier of Ruthenia to guard against the possibility of infectious diseases being imported from Roumania; another is to be established at Komárno on the Hungarian frontier, and one at Dečín on the German frontier.

It is not yet possible, however, to carry out these plans on account of the lack of funds necessary for this purpose.

CAMPAIGN AGAINST TUBERCULOSIS¹.

1. In the Czech provinces tuberculosis increased up to 1881-1885. A constant decrease is to be noted since, excepting the war years. By the addition of Slovakia

¹ This chapter has been taken from an official monograph by Dr. Jaroslav Hůlka: *Facts on Tuberculosis in Czechoslovakia*, published by the Czechoslovak Ministry of Health, Prague, 1922.

and Carpathian Russia to the Czech provinces, the tuberculosis mortality of the entire Czechoslovakia appears higher and its decrease slower.

2. In the 'seventies, Silesia had the lowest and Moravia the highest mortality from tuberculosis. At the present time Silesia stands highest and Bohemia lowest. The decrease of tuberculosis has been very rapid in Bohemia but rather slow in Silesia.

3. There seems to be more tuberculosis in Slovakia than in Carpathian Russia. But in both these provinces tuberculosis frequency appears to be higher than in the Czech Provinces.

4. The tuberculosis mortality curve of the Czech provinces is rather similar to that of Germany and Belgium. It differs from the tuberculosis curves of other States with decreasing pulmonary tuberculosis by its rapidity of decrease.

5. Only Serbia, Hungary and France can be considered as countries where the tuberculosis situation is worse than in Czechoslovakia. Their tuberculosis death-rates are higher and show an increase.

6. All the overseas States have a much better tuberculosis situation than Czechoslovakia.

7. Czechoslovakia occupies the fifth place in the series of nineteen countries, arranged in a descending scale according to their death-rates from pulmonary tuberculosis.

8. Only five States show a greater percentage decrease of tuberculosis within 25 years than the Czech provinces.

9. Among eight States, where the statistical records started as early as in Czech provinces, only Germany shows a greater decrease of tuberculosis deaths per 100,000 population than the decrease noted for the Czech provinces.

10. The conditions of tuberculosis in the big cities of Czechoslovakia are rather similar to those of several other Central European cities.

11. Tuberculosis death-rates in the big cities of Czechoslovakia are much higher than the death-rates of the respective provinces, but the decrease — with the exception of Plzeň — is much more rapid (population in four big cities in 1921 : Prague 676,476, Brno, 221,422, Plzeň 110,807, Bratislava 93,329).

12. Nevertheless there are certain big cities of the world (Edinburgh, Munich, New York, Boston, London) where the tuberculosis situation is much more favourable.
13. The tuberculosis mortality in the Czech provinces was affected less by the war than in Prussia.
14. Czech provinces during the war suffered more from tuberculosis than the Allied and neutral States.
15. Czech cities, like other Central European cities, suffered during the war from tuberculosis more than the cities of the Allied nations.
16. The world-war increased the tuberculosis mortality of the Czech provinces up to 1916 only. Then tuberculosis stood stationary, but was increased by the influenza epidemic in the last quarter of 1918. A similar influence of influenza is seen in the tuberculosis curve of England.
17. The tuberculosis situation in the Czech provinces is worse at the present time than it was in England 70 years ago. This fact is caused by a higher mortality of juveniles. The greatest advantage of England over the Czech provinces with respect to tuberculosis consists in the lower tuberculosis mortality in the working ages (from 15-45).
18. Among males dying from tuberculosis in the Czech provinces the greatest percentage is between the ages of 20 and 29. English males die later ; mostly between the ages of 30 and 39. The greatest percentage of English and Czech females dying from tuberculosis is between 20 and 29.
19. Among children dying from tuberculosis in the Czech provinces up to the fourth year of age there is a great percentage of infants under one year.
20. This percentage is much lower in England.
21. Among those who die from tuberculosis in the Czech provinces there are many young and also many aged people. Nevertheless, every third death among persons dying in the working age in Czech provinces is caused by tuberculosis, while in England it is only every sixth death.
22. The percentage distribution of different forms of tuberculosis does not vary substantially from the usual scheme : 82.8 per cent of all tuberculosis deaths are caused by consumption.

23. The difference between the rural and city tuberculosis mortality is greater in Bohemia than in Moravia.

24. The highest tuberculosis mortality is among people engaged in industry and manufacture. But also people employed in agriculture and forestry show a rather high tuberculosis death-rate.

25. Tuberculosis is the principal cause of death in the Czech provinces ; in England, diseases of the heart and arteries, which are the fatal diseases of old age.

26. At the present time in Czechoslovakia, there are only 32 cities where special statistics of tuberculosis are available. If we arrange the cities according to the tuberculosis death-rates, those which are industrial are in the first portion of the descending scale.

27-28. Middle and Western Bohemia, Middle and Eastern Moravia and Southern Silesia seem to be most affected by tuberculosis. On the other hand, Southern Bohemia and Western Moravia have the lowest tuberculosis mortality.

29. Gemer county and Novohrad county have the highest tuberculosis death-rates in Slovakia. Zvolen seems to suffer least. Ugoča county has the highest tuberculosis mortality in Carpathian Russia.

30. There is a total of 143 local anti-tuberculosis associations, serving a population of 2,646,016 in Czechoslovakia. Nevertheless, there are rather large territories where no anti-tuberculosis work is done : in South-East Bohemia, South-East Moravia, Northern Silesia ; and in Slovakia and Carpathian Russia anti-tuberculosis work is very rare and scattered.

31. There are 89 dispensaries, serving a population of 2,197,756 in Czechoslovakia. But only 38 of them are in the cities over 8,500, eleven of them being in Prague.

32. There are 46 institutions for the treatment of tuberculosis, with a total of about 5,700 beds. About 2,000 of this number are used for tuberculosis of children.

33. There are 75 other cities over 8,500 population which have no tuberculosis dispensaries. This should give the direction to the future anti-tuberculosis work in Czechoslovakia.

CAMPAIGN AGAINST VENEREAL DISEASES.

This subject has been studied by Dr. Hynek J. Pelc of the Ministry of Health. The results of this investigation have been published in Czech and in English ¹.

¹ Hynek J. PELC : *On the Venereal Diseases in the Czechoslovak Republic*. Prague, 1923.

While details may be found in that monograph, we quote here the following short statement on the actual situation in Czechoslovakia :

“ Under the Austrian regime, no special interest was evinced in the problems of venereal disease. When the world-war broke out, the military high command began to realise the importance of venereal diseases in an army.

“ In the army the system of personal prophylaxis was used and stringent rules enforced among women employed in the army. A few attempts were made with educational measures.

“ Meanwhile measures have been taken to protect the army through the campaign against venereal diseases among the civil population. The campaign was limited to a few spasmodic measures against prostitution and to the foundation of a few dispensaries for venereal diseases, but there was no definite elaborated plan for the campaign against the white plague. The measures were too hasty and there was no sincerity on the part of the higher officials. It was therefore no wonder that all the measures taken in order to protect the public against the infected soldiers when they returned at the time of demobilisation broke down in the whirlpool of the political revolutions in Central Europe.

“ When the Ministry of Public Health and Physical Education was organised after the creation of the Czechoslovak Republic, the problem of venereal diseases was delegated to the Third Section, Ninth Division, of the Ministry. It was not until May 1921 that a physician was assigned to the special task of directing the campaign against venereal diseases in the Czechoslovak Republic.

“ The State Health Council has a section dealing with the problems of venereal disease. Besides that, a special Permanent Advisory Council for the Campaign against Venereal Diseases and Prostitution, consisting of fourteen members, has been appointed under the presidency of the State Secretary.

“ The chief activity of the Ministry of Health in the field of venereal diseases consisted in the elaboration of the Venereal Diseases Bill, which was passed by Parliament in its final form on July 11th, 1922, and published on August 22nd, 1923. ” (See Annex B.)

A Czechoslovak and a German association for the campaign against venereal diseases are very active. Their most important achievement is the initiation of abolition in the Czechoslovak Republic, incorporated into the new law. Their activities are chiefly educational work and the creation of dispensaries for venereal cases.

CAMPAIGN AGAINST TRACHOMA.

Trachoma is a notifiable disease under the Law on Epidemic Diseases of April 14th, 1913. The first case which occurs must be reported by telegram to the mayor of the town, and by him to the district health officer. All further cases must be reported in writing.

In Bohemia, Moravia and Silesia, the communes are responsible for the establishment of dispensaries for the treatment of trachoma patients, while in Slovakia, according to Article V of the Law of 1886, it is the duty of the State to provide the machinery for the treatment of trachoma and to bear the cost of maintenance of these institutions.

Detailed instructions for the suppression of this disease have been issued at different times by the provincial administrative authorities in Bohemia and in Moravia. In Moravia especially, where there is always a danger of this disease being imported from Hungary, several decrees of this kind have been issued (June 16th, 1901, October 30th, 1907, June 9th, 1910, October 28th, 1910).

In Bohemia, Moravia and Silesia trachoma is not an endemic disease ; it was introduced only now and again by seasonal labourers coming from the territories of the old Hungarian Crown.

In Slovakia and Ruthenia, on the other hand, trachoma is endemic among the indigent agricultural population. The measures for its eradication had therefore to be applied more intensively in these provinces.

As has already been pointed out, according to Hungarian laws, the treatment of trachoma has to be provided for by the State. A special State hospital for eye diseases exists at Zilina in Slovakia, where chiefly surgical cases are being treated. The charges for the treatment are borne by the State.

The Ministry of Health of Czechoslovakia instituted an epidemiological enquiry on the prevalence and spread of trachoma in Slovakia ; the results have been published by Dr. V. Bruckner.

On the basis of this investigation, the branch office of the Ministry of Health at Bratislava is at the present moment organising special units for the treatment of trachoma among the rural population of Slovakia. These units, accompanied by a doctor and a nurse, will be despatched to the infected territories, where they will establish free clinics for the treatment of this disease.

CHILD WELFARE IN THE CZECHOSLOVAK REPUBLIC.

The measures taken by the public authorities in regard to child welfare have been described in the section dealing with the Ministry of Health and the Ministry of Social Welfare. In these chapters mention was made of the relation between the Committees for the Care of Youth and the Ministry of Social Welfare.

There are, in addition, private organisations working for child welfare in the various provinces of the Czechoslovak Republic.

In Bohemia, the Association for the Protection of Mothers and Children may be mentioned — an organisation which was created during the last years of the war and the activities of which extend over the whole province. The chief duty of this organisation is to provide sanitary and medical care for mothers and children. It has 160 local branches in Bohemia.

Further, there exists in Bohemia the Committee for the Care of Youth, which was founded in 1908 and the chief duties of which consist in social work for the young. This organisation has local branches in all the district towns ; the district is the smallest administrative unit in which there are branches.

While the first-named organisation limits its activities to the care of children up to six years of age, the second organisation takes care of children of all ages. The points of contact between these organisations are, naturally, very numerous.

The central organisations in Prague are independent of one another, but the local branches frequently work together.

In addition, there exist in Bohemia ten child health centres, which were created by the American Red Cross at the time when it was working in Czechoslovakia. These centres are established in the county towns and are maintained by the Ministry of Health. The administration of these centres, which exist also in other provinces of the Republic, is entrusted to an executive office affiliated to the Ministry of Health, which has appointed a special advisory council for this purpose.

In Moravia, conditions are better, because the Association for the Protection of Mothers and Children forms part of the Committee for the Care of Youth. All the local branches therefore work in close association.

The health centres which were created by the American Red Cross and which exist in five county towns are under the direction of the executive office created for this purpose by the Ministry of Health.

In Slovakia, the work of the private organisations for child welfare is carried out by the Czechoslovak Red Cross. Neither the Association for the Protection of Mothers and Children nor the Committee for the Care of Youth organised any special branches for these purposes in Slovakia or in Ruthenia. These associations have entered into an agreement with the Red Cross, according to which the latter will carry on their work for a certain period of time until conditions in these provinces have improved sufficiently to make the creation of separate private associations for the various health campaigns possible. At the present moment, persons who take an interest in these problems are too few to make it possible to set up separate committees in each commune for the various branches of social work unless the same persons are asked to sit on more than one committee.

The child-welfare centres created by Lady Muriel Paget's English Mission, together with several others which were created subsequently, are under the direction of the Red Cross. There are 31 such centres at the present time.

In addition, there are five health stations in county towns, which were established by the American Red Cross and are now under the jurisdiction of the Executive Office of the Ministry of Health.

In Ruthenia the situation is very similar to that in Slovakia. There is no special association for child welfare in this province, and the work is done by the Czechoslovak Red Cross. In addition, there are two stations of the type of those created by the American Red Cross.

SCHOOL HYGIENE.

School hygiene was introduced very many years ago in some towns in the Czechoslovak Republic. At Prague, regular school doctors were appointed as early as 1904, when nine doctors were detailed for this purpose. Since then the number of school doctors has been increased to fourteen. In more recent years, school nurses have also been introduced, but this institution has not yet reached its full development.

The school doctors can only give part of their time to their duties at the schools and are obliged to devote themselves to private practice, since the salaries paid for attendance at the schools are very small.

In other towns conditions are similar. There is no uniform law on the organisation of the duties of the school doctors. Their introduction was due to local initiative, and their salaries are paid by autonomous corporations (districts or provinces). Only the school doctors in State schools — of which there are few — are paid by the Ministry of Health, which is the highest authority in this branch of the public service.

On July 25th, 1922, the Ministry of Health issued standard rules and regulations for school doctors, which should be adopted by all local school authorities which employ school doctors. According to these regulations, it is the duty of the school doctor to inspect school premises and to make recommendations for the improvement of their sanitary conditions. The school doctor also has to examine all school-children before admission to the school at the beginning of every school year with special reference to any signs of epidemic disease. He has to keep all the school-children under observation for six weeks after the beginning of the school year, in order to ascertain which children will require permanent medical supervision during the whole year. In this connection it is his duty to advise the teacher with regard to the places which should be assigned to the children in the school-room on account of their eyesight

and to recommend in certain cases the transfer of a child to special classes for backward children. He must keep records of the results of the medical examination of the school-children, which must take place at least twice a year. The school doctor must watch the development of the children with special reference to their physical training. He must supervise the classes of physical training, which are compulsory for all school-children, and must exclude from them those children for whom the exercises are unsuitable on account of their physical condition. He must direct personally special classes of physical exercises which have for their object the correction of some physical defect. He must take all useful measures to prevent the spread of infectious diseases and co-operate to this effect with the health authorities. He must give lectures on hygiene in the higher forms of the schools. As a rule, he leaves the school authorities to carry out his decisions or recommendations, but in emergencies he may take action independently, subject to the subsequent approval of the school authorities. He takes part in the meetings of the teaching staff in an advisory capacity and with the right to vote on matters concerning the health of the children. The salary and office hours of the doctor are fixed by contract. The official relations which must exist between the school physician and the school nurse are not defined. The regulations merely mention that it is the right and the duty of the doctor to investigate conditions in the children's homes with regard to nutrition, housing and other special conditions. The school doctor should not give any treatment to the children except in emergencies and should confine himself to recommending the necessary treatment to the parents and school authorities.

TEMPERANCE CAMPAIGN.

The campaign against abuse of alcohol in the Czechoslovak Republic is directed by the Ministry of Health in co-operation with the Czechoslovak Temperance League.

In 1922, the so-called "Holitscher Act" was promulgated, forbidding the sale of alcoholic drinks to persons under 16 years of age. Beverages containing less than 0.5 per cent of alcohol are not considered alcoholic drinks. Proprietors of bars or saloons are bound to refuse drink to every person who is obviously under 16 years of age. In all doubtful cases they have the right to ask the persons concerned to furnish proof of their age by means of any official document they may possess. Only beer and wine may be sold to persons between the ages of 16 and 18 years. In dancing halls and similar places of entertainment no drink may be sold to guests other than beer and wine. The police authorities are responsible for the execution of this law. Supervision, however, is exercised by the health authorities under the direction of the Ministry of Health.

In the meantime a draft law on prohibition is being prepared by the Ministry of Health authorising the various administrative units to introduce total prohibition in the territory under their jurisdiction should the inhabitants opt for it.

The Czechoslovak Temperance League has its national headquarters at Prague, and there are branch offices at Brno, Bratislava and Slezská Ostrava. The branch offices represent the executive bureaux of the respective provincial committees.

The Temperance League publishes a monthly magazine entitled *Vyssi národ* — a publication of high standing in which articles on public health and the social aspects of the campaign against alcohol are published. The editor of this magazine — Dr. B. Foustka, Professor of Sociology at Prague University — is the leader of the temperance movement in Czechoslovakia.

The Temperance League possesses a very active students' committee, which issues its own monthly magazine entitled *Youth*. The students' section numbers some 2,000 members. A summer camp for students on the American and English model was organised last summer at Náchod. A series of lectures on all questions pertaining to the temperance campaign was organised throughout the country by this section.

HOUSING QUESTIONS.

The hygienic aspect of the housing question is regulated in Czechoslovakia by the housing laws. The law for Prague dates from the year 1886, that for the province of Bohemia from 1889, that for the city of Brno and the province of Moravia from 1914, that for Silesia from 1883, for Bratislava from 1872 and several others for the towns in Slovakia from the end of the nineteenth century.

These laws lay down provisions regarding the sanitary aspect of town planning, the construction of houses, disposal of refuse and sewage, water-supply, etc.

Further provisions of this nature are contained in the laws on the construction of houses for the working-classes (1902, 1911), the law on the building fund for the promotion of healthy housing (1910), and the post-war laws on building, according to which the State guarantees the credits necessary for the construction of dwelling-houses (1920, 1922, 1923). The last-named laws give the State an opportunity of promoting hygienic housing, inasmuch as it allows the State to exercise control over the construction of such houses as are being erected with the financial assistance of the State.

In some places — as, for instance, at Prague and Ostrava in Moravia — laws were enacted (1903) regarding the reconstruction of certain parts of the town where housing and sanitary conditions were notoriously bad.

It is felt, however, that the building regulations now in force no longer meet modern requirements. The laws regulating these questions were drawn up without giving due consideration to the needs of the rural population and were mainly concerned with the requirements of large towns.

Therefore the Czechoslovak Government is preparing a new building law which will be governed by the most modern principles of housing hygiene. This law is not

yet completed, but its most interesting provisions will be as follows : every commune of more than 2,000 inhabitants will be obliged to submit its plans for extension to the approval of the Government. Quarters where housing conditions are bad will have to be reconstructed. It will be the duty of the commune to make provision for a clean water-supply and for the disposal of refuse and sewage, and a regular housing inspection will be introduced. The basic type of house to be adopted will be the house calculated to accommodate one family, and the regulations will be the more stringent the higher the house is to be and the more families it will have to accommodate.

The whole housing problem in Czechoslovakia falls into three parts, which are dealt with by three Ministries. The building law is being prepared by the Ministry of Public Works, the State grants-in-aid for the construction of dwelling-houses are provided for by the Ministry of Social Welfare, and the Ministry of Health deals with the sanitary aspect of the housing problem and other cognate questions. It naturally co-operates with other Ministries in the preparation of legislation on such questions and is itself preparing a new law on housing inspection.

The Ministry of Health has, moreover, carried out exhaustive investigations into housing conditions in several rural districts, and the conclusions arrived at will be embodied in the law referred to above.

INDUSTRIAL HYGIENE.

The inspection of factories is based on two laws. One is the Law of July 17th, 1883, No. 117, on the introduction of industrial inspection, and the Public Health Law of April 30th, 1870, which was discussed in the chapter dealing with the organisation of the public health services.

The first-mentioned law instituted special boards for the inspection of factories. These boards are now under the direction of the Ministry of Social Welfare. There are twenty-five such boards in the Czechoslovak Republic. Twelve of these are in Bohemia, six in Moravia, one in Silesia and six in Slovakia.

The boards consist of a director and one or two assistant inspectors. There are special boards at Prague for the building industry and navigation. The inspection of agricultural undertakings is also on a special footing and is carried out by the Ministry of Agriculture.

There are 73 industrial inspectors employed on these boards. Female inspectors are now being introduced, whose duty it is to devote special attention to the problems arising out of the employment of women in industry. Up to the present only three inspectresses have been appointed.

The duties of the industrial inspectors are as follows :

1. Supervision over the measures of safety and sanitary arrangements in factories as well as in the dwelling-houses of the workmen.

2. Supervision over :

- (a) The employment of minors, of women and children ;
- (b) The observance of the law on the eight-hour working day ;
- (c) The observance of the legal days of rest ;
- (d) The inspection of work done at home.

3. Inspection of :

- (a) The registers of workmen ;
- (b) The rules and regulations governing the work in industrial establishments ;
- (c) The payment of salaries.

4. Supervision over the education of workmen (apprentices).

5. Negotiations between labour and employers in the case of strikes, the establishment of collective contracts, etc.

6. Co-operation in the inspection of buildings under construction.

7. Determination of percentages of danger according to the nature of the industry for purposes of insurance against accidents.

If the inspector discovers any nuisance, he proceeds as follows :

1. He requests the employer, either personally or in writing, to remove or put a stop to the nuisance within a certain period of time.

2. If the nuisance is not removed or stopped by the given date, the inspector will ask the competent administrative authorities to enforce the decision.

3. The administrative authorities carry out the decision and impose a fine on the offender.

4. Both the inspector and the offending party have the right to appeal to the Ministry of Social Welfare.

The eight-hour law was enacted on December 19th, 1918. According to this law :

(a) Children up to 18 years of age may not be employed in factories ;

(b) Boys up to 16 and girls up to 18 years of age must not be asked to perform hard manual labour ;

(c) It is forbidden to work in factories between 10 p.m. and 5 a.m. Only industries in which it is impossible to interrupt the work during the night are excluded. Women may not be employed in night work, subject to certain exceptions. Only men above 16 and women above 18 years of age may be employed in night work ;

(d) A Sunday rest of at least 32 hours must be observed.

As has already been indicated, industrial inspection is mainly carried out by inspectors who have received a technical education as engineers but who do not possess any special training in matters of public health.

In all cases in which the inspection of industries must be carried out by medical or public health personnel, this duty devolves upon the district health officers. Such inspection is, however, not wholly satisfactory, since the professional training of district health officers in this respect is not very thorough and since they have no executive authority to enforce their decisions. It is the intention of the Ministry of Health to appoint special industrial inspectors, who will be physicians possessing a special training in industrial hygiene and who will also be invested with executive authority. The draft of this law is being prepared by the Ministry of Health.

The State Institute of Hygiene, which is under construction, will also have a special division for industrial hygiene.

THE WATER-SUPPLY SYSTEM.

The question of the public water-supply system is very complicated at the present moment because three different Ministries deal with this problem: *i.e.*, the Ministry of Public Works, the Ministry of Agriculture and the Ministry of Health. There exists an agreement between these three Ministries providing that the Ministry of Public Works shall deal with the water-supply of larger towns, while the Ministry of Agriculture is to deal only with the water-supply of rural communes. The Ministry of Health exercises a certain measure of control in both cases by giving or refusing grants-in-aid for the proposed projects.

The inspection of public water-supply systems is carried out by the district health officers, who report their findings to the provincial administration. The Ministry of Agriculture, moreover, appoints its own inspectors for this purpose.

A daily examination of water samples is carried out only where surface water is used after filtration. At Olomouc and Brno it is carried out by the hospital laboratories, in Most, by the district health officer, etc., according to local conditions.

A survey of public water-supply systems in the Czech provinces was carried out recently by an association of private engineers with the assistance of the public authorities. The data collected for the purposes of this report refer to the situation as it existed in the year 1914, and the report does not touch upon the situation in Slovakia and Ruthenia.

According to the figures given in the above-mentioned survey — which, however, is somewhat out of date — only ten per cent. of the communes of Bohemia possess a public water-supply system. But in considering this figure it must be borne in mind that the greater number of these communes has less than 2,000 inhabitants, and in such communes a public water-supply would be neither economical nor necessary. Thirty-three per cent. of the total population of Bohemia are using water from public water-supply systems.

The communes are generally responsible for the water-supply systems.

Of 761 water-supply systems, 541 use spring water, 135 subsoil water and 26 surface water.

In Moravia, 4.8 per cent of the communes possess a public water-supply. Out of a total of 140 water-supply systems, 84 use spring water, 42 subsoil water and 8 surface water.

Silesia is better provided for than Moravia, because 8.1 per cent of the communes possess a public water-supply, while 30 per cent of the population use the water thus supplied. Of 40 water-supply systems, 32 use spring water, 6 subsoil water and 2 surface water.

Recently the Ministry of Health has undertaken another enquiry into the water-supply systems throughout the whole Republic. The results of this survey are not yet embodied in a report. The preliminary data are shown in Diagram VII, from which it would appear that the situation in Slovakia and Ruthenia is much less favourable than in the Czech provinces.

The figures obtained by the Ministry of Health are, on the whole, much higher than those quoted above, because many new waterworks have been built since the time when these data were collected, and the information contained in the first report was not complete.

Thus, the Ministry of Health has registered 1,382 central water-supply systems in Bohemia, from which 951 are public and 431 private. For Moravia the total was 233 of which 148 were public and 85 private. The total figure for Silesia is 63.

There are special regulations in force in each province regarding the construction of wells. These regulations are not uniform throughout the country, and therefore a new set of regulations is being prepared.

DISPOSAL OF SEWAGE.

The Ministry of Health has just completed an investigation into sewage disposal systems, since, up to the present, no data on this matter were available.

The results of this enquiry may be seen in the following table and in Diagram VIII.

The Ministry of Public Works and the Ministry of Health are responsible for the building of sewage-disposal plant. The respective functions of these Ministries in this matter are analogous to those which have been described in the chapter on the water-supply systems. Both Ministries exercise a certain measure of control by giving or refusing grants-in-aid after the plans for the construction of such works have been submitted to them.

| | Bohemia. | Moravia | Silesia. | Slovakia. | Czecho- slovakia. |
|---|----------|---------|----------|-----------|----------------------|
| Rain-water sewage | 352 | 72 | 10 | 20 | 454 |
| Rain-water and domestic sewage .. | 89 | 12 | 13 | 17 | 131 |
| Sewage provided with sewage dis- posal plant | 17 | 2 | 5 | 1 | 25 |
| Total | 458 | 86 | 28 | 38 | 610 |

PUBLIC BATHS.

The Ministry of Health is considering this question also, because no reliable data are available on this subject.

Public baths are for the greater part private undertakings, divided into two or three classes. Hygienic conditions are more satisfactory in the first class and become less so the lower the class.

In addition to the public baths in private hands, there are baths belonging to industrial undertakings which are reserved for the use of the workmen employed in the undertaking, and there are others belonging to the communes. Many of these baths are run at a deficit, the difference being made good by the commune.

The situation in this respect is most favourable in Bohemia ; the further east one goes, the worse the conditions become in this as well as in other branches of public hygiene. The worst conditions, perhaps, are to be met with in Ruthenia, where the standard of the population in matters of hygiene is low and hygienic conditions are correspondingly bad.

The above-mentioned enquiry by the Ministry of Health will, when it is completed, not only furnish the data necessary for the estimation of requirements in this respect but will probably lead to the adoption of a specific programme for the improvement of conditions throughout the country.

FOOD INSPECTION.

As regards food inspection, the legal position is different in Bohemia, Moravia and Silesia from what it is in Slovakia and Ruthenia.

For the first-named provinces, the Law of January 16th, 1896, No. 89, which gave the provincial diets the right to issue rules and regulations for food inspection, is still in force. Such a law was never enacted by the Bohemian diet ; Moravia passed the Law of June 7th, 1897, No. 44, and Silesia the Law of June 7th, 1897, No. 38.

According to the last-mentioned laws, municipal food inspection was to be instituted. But the law was never fully put into operation, because the education of the food inspectors available was of a low standard.

In Bohemia, food inspection is carried out by the district health officers, who are made responsible for food inspection under the Public Health Law of 1870. Food inspection is, however, carried out very summarily, because the district health officers lack the time, and the necessary laboratory facilities are also wanting.

A similar situation prevails in Slovakia and Ruthenia, where food inspection is also entrusted to the district physicians.

The samples collected by the district physicians are sent for examination to the State laboratories connected with the Prague Czech and German universities. In Prague and the surrounding districts, samples are collected by the officials of the above-named institutions.

The Ministry of Health is organising at Brno a similar laboratory for food inspection for Moravia.

The ministerial Decree of October 13th, 1897, provides for a special examination for food experts who are to be entrusted with the administration of the institutes for food examination. A diploma is granted to those who have taken the course prescribed for this purpose in a medical faculty and have passed an examination.

In the meantime a law is being prepared by the Ministry of Health which is to unify the system of food inspection throughout the Republic. According to this new law, food inspectors will have to deal also with other hygienic problems, such as the adulteration of foodstuffs. Prosecutions, if any, will be instituted by the district attorney; the samples will be collected by the officials of the food laboratories, whose number is to be considerably increased.

Besides the State laboratories for food inspection there are private laboratories for this purpose, which, however, must obtain a license before they are allowed to function.

It is anticipated that the laboratories for food examination will be centralised in the State Institute of Hygiene and that the local laboratories will act as branches of this Institute.

Annex A.

THE EPIDEMIC LAW OF APRIL 4TH, 1913.

CHAPTER I.

The following diseases must be reported under this law :

1. Scarlet fever,
2. Diphtheria,
3. Typhoid fever,
4. Dysentery,
5. Cerebro-spinal meningitis,
6. Puerperal fever,
7. Typhus,
8. Smallpox,
9. Asiatic cholera,
10. Plague,
11. Relapsing fever,
12. Leprosy,
13. Trachoma,
14. Yellow fever,
15. Anthrax,
16. Glanders,
17. Rabies.

When a disease not included in this list breaks out with symptoms or under conditions which threaten its spread in a dangerous manner or to an increasing extent, that disease may be included as among those to be notified compulsorily.

Every case of such notifiable diseases, or of the death of a person afflicted with any one of them, including suspect cases (disease or death), must be reported without delay to the mayor of the community within the limits of which the patient lives or has died, together with his name and age, dwelling, and, where possible, the diagnosis of the disease.

Such cases must be reported as soon as the person responsible for notification becomes aware of them.

The persons whose duty it is to make the report are :

1. The physician in charge ; in hospitals, maternity homes and other institutions, the director or head of the department.
2. The midwife in charge.

3. Professional nurses in charge of the patient.
4. The head of the family or the persons entrusted with the care of the household.
5. The authorities of public and private schools, with respect to pupils, teachers, and school employees under their orders.
6. The proprietor of apartments, or the person entrusted in his place with the care of the apartments.
7. Proprietors of inns and bar-rooms, as well as their officially approved representatives, with respect to persons serving in their establishments.
8. The proprietor of the house or the person charged with the enforcement of the house rules.
9. In cases 15, 16 and 17, also veterinarians who come to know of a case of infection in the conduct of their profession.
10. Coroners.

Every case reported to the mayor shall again be reported by him to his superior political authorities, except where the community itself is charged with its own political administration.

Every first case of infection from scarlet fever, diphtheria, typhus, smallpox, Asiatic cholera, plague and trachoma shall be reported by the mayor, as well as by the persons enumerated above, to the political authorities of the district, and in cities with their own statute to the political authorities of the province. Such notifications shall be made by telegraph or telephone or, where possible, by special messenger.

In every reported case of positive or suspected disease, the authorities shall institute an investigation by physicians on the spot, in order definitely to diagnose the disease. The assistance of research institutes shall be utilised for this diagnosis in the case of microbial disease.

CHAPTER II.

Measures for the Prevention and Suppression of Notifiable Diseases.

Measures to prevent its spread shall be taken without delay on the appearance of a case of a notifiable disease. The regulations necessary for this purpose shall be published in the usual manner in every community afflicted with such a disease. Similarly, the abolition of such measures shall be notified.

Diseases on the outbreak of which afflicted persons must be isolated will be specified by regulation. If isolation cannot be carried out in the lodging of the patient, or if isolation is disregarded, the patient shall be brought to a hospital or some other suitable place. Adequate accommodation and means of transport shall be prepared in time for the purpose.

Articles and rooms which may be presumed infected by disease-breeding germs are subject to official disinfection. If efficient disinfection is not possible or is too expensive in relation to the value of the object to be dealt with, the latter may be destroyed. No objects suspected of being infected can be exempted from disinfection or destruction, nor may they be removed from the room before these measures are carried out. Disinfection is to be carried out under the direction of an expert. Inhabitants of communities or houses where a notifiable disease has broken out can be excluded from attendance at schools and similar institutions. In order to check the spread of notifiable diseases in such communities, the authorities can limit or forbid the use of public bathing-houses, privies, etc., and other comparable precautions may be taken. Similarly, the use of springs, wells, waterworks, rivers, ponds and other waters can be limited or forbidden on the outbreak of typhoid fever, dysentery, typhus, Asiatic cholera, trachoma, or anthrax.

The sale of food in shops or houses, or, if necessary, even over whole districts where scarlet fever, diphtheria, typhoid fever, dysentery, typhus, smallpox, Asiatic cholera, plague or trachoma have occurred, can be forbidden or made dependent on certain precautions.

Unauthorised persons may be forbidden entry into rooms suspected of being infected on the outbreak of scarlet fever, diphtheria, typhus, smallpox, Asiatic cholera and plague; no banquets, funeral meetings, etc., shall be held in such houses.

The bodies of those who have died from typhus, smallpox, Asiatic cholera and plague shall be transported as quickly as possible to the mortuary. The same regulation may be laid down on the outbreak of other diseases. When such a corpse cannot be taken to a mortuary, it must be isolated so as to avoid its coming in contact with chance individuals. On the outbreak of typhus, plague, recurrent fever or yellow fever, measures can be taken to destroy and remove rats, mice and insects.

Markets, festivities and occasions where large numbers of people assemble can be forbidden on the outbreak of typhus, smallpox, Asiatic cholera and also on the outbreak of typhoid fever, dysentery and trachoma, when they appear in large numbers. In districts menaced by the outbreak or introduction of a notifiable disease, special regulations may be issued relating to the reporting of strangers and of local inhabitants.

Individuals suspected to be carriers of the germs of some notifiable disease may be submitted to special sanitary observation and control.

Schools shall be shut on the outbreak of a notifiable disease. In workshops where there is special danger of spreading the disease, work may be limited or suspended on the outbreak of typhoid fever, smallpox, or Asiatic cholera. Houses may be placarded on the outbreak of scarlet fever, diphtheria, or cerebro-spinal meningitis, as also lodgings where afflicted patients stay. In the case of houses where a case of typhoid fever, smallpox, Asiatic cholera, or plague has occurred, evacuation may be ordered, and enforced when necessary, for the protection of other occupants and for stopping the progress of the disease.

On the outbreak of diphtheria, typhoid fever, typhus, smallpox, Asiatic cholera, trachoma, anthrax, or glanders, trade in objects which may be bearing germs and which come from a district infected with the disease can be limited or made dependent on certain precautions.

On the outbreak of typhus, smallpox, Asiatic cholera or plague, intercourse between inhabitants of infected communities can be limited.

Measures can be taken on the basis of international agreements and laws against the introduction of diseases from foreign countries by land or by sea.

Similar measures shall be taken in railroad traffic, home navigation and in the transportation of goods.

When the local physicians are not sufficiently numerous to suppress efficiently an outbreak of a notifiable disease in any particular district, special epidemic physicians shall be appointed.

Annex B.

LAW OF JULY 11TH, 1922, ON THE CONTROL OF VENEREAL DISEASES.

The National Assembly of the Czechoslovak Republic has decided upon the following law :

PART I.

Measures against the Spread of Venereal Diseases.

1.

The diseases subject to the provisions of this law are : syphilis, gonorrhœa and chancroid.

2. *Compulsory Treatment.*

Any person suffering from a venereal disease in the infectious stage is obliged to submit to treatment by a duly licensed physician, either in private or at a public institution.

3. *Treatment and Examination of Indigent Persons.*

In cases where the present provisions regarding free treatment are inadequate, an ordinance to be issued will provide for the treatment at the expense of the State of indigent persons suffering from a venereal disease.

4. *Compulsory Medical Examination.*

Persons guilty of violating Sections 2, 6, 18, 19 (paragraph 1), 20 and 21 of this law, if suspicion is justified that they are suffering from a venereal disease, must be examined by a physician by order of the Health Board.

Such a person may accordingly be conveyed to a hospital.

The procedure in such cases should be expeditious and the good reputation of the person concerned safeguarded. The Board is allowed to take the necessary provisional measures to overcome the danger of infection.

5. *Compulsory Treatment in Institutions.*

If there is danger that a person suffering from venereal disease could, through his mode of living or through non-compliance with medical prescriptions, carry the disease

to another person with whom he is in contact, he can, by order of the Board, be conveyed to a hospital and detained there until the symptoms of infection are cured.

6. *Supplementary Medical Examination.*

A person who has suffered from a venereal disease must, after its cure, submit at certain intervals to repeated medical examinations should the physician in charge or the Board think it necessary and order it.

7. *The Duties of the Physicians in Charge.*

The physician in charge of a case suffering from a venereal disease is obliged to :

(1) Send the Board a written notification :

(a) If, through the patient's disregard of his prescriptions or for any other reason, danger of infection arises for others ; or

(b) If the patient discontinues treatment without showing that he is under the care of another physician or hospital ; or

(c) If he disregards the provisions of Section 6.

(2) Enquire from the patient the source of infection and impart the information, so far as definite, to the Board (Section 23).

(3) Inform the patient of the infectious character of the disease and the penalty of communicating the infection to another person (Section 18) ; eventually to warn him against contracting a marriage, and deliver, against a signed receipt, a circular of information which will be supplied by the Board free of charge.

If treatment takes place in an institute, these duties fall to the chiefs of these institutes (clinics, wards).

8. *Notification of Venereal Diseases.*

The Ministry of Public Health and Physical Education is authorised, whenever judged necessary, to require from physicians and institutes notification of venereal diseases, without indication of patients' names.

9. *Cases are Strictly Confidential.*

It is the duty of any person in charge of those afflicted with venereal diseases to keep the character of the disease confidential, as well as all circumstances relating thereto, under penalties of the respective penal code.

The same duty is incumbent on all persons in any way concerned with carrying out the provisions of this law.

This ordinance does not change anything in the legal provisions relating to deposition of witnesses in courts and before boards or with regard to the duty of notifying the boards or courts.

10. *Treatment by Correspondence Prohibited.*

Treatment of venereal diseases without personal examination by mere correspondence or by sending instructions as to treatment is prohibited.

11. *Intrusive Tender of Physicians' Services.*

Physicians are forbidden to tender their services in an intrusive way or in a manner unworthy of the medical profession.

12. *Instruction Concerning Venereal Diseases.*

The State Administration (Section 29) shall take measures to instruct young people at school or after leaving school, through proper persons — especially school physicians or physicians appointed therefor — in a way suitable to their age, on sexual-life matters, the danger of venereal diseases and prophylaxis, the danger of prostitution ; and to widely distribute through the Press general information on venereal diseases, with the co-operation of social institutes and public health organisations, in agreement with the Ministry concerned.

PART II.

Prostitution.

13. *Abolition of Regulation.*

All existing police and other administrative regulations for the purpose of the supervision of prostitution are abolished.

14. *Abolition of Brothels.*

The establishing and maintaining of brothels is forbidden and is punished according to the penal code.

15. *Institutes for Correction of Prostitutes.*

The State Administration (Section 29) shall provide, in so far as is necessary, institutions where professional prostitutes will find a temporary home and opportunity for correction.

16.

The Public Administration agencies shall carefully supervise persons of both sexes under eighteen years of age leading an immoral sexual life, and, where necessary, take measures for their correction within the limits of the laws in force.

This statute will be enforced through ordinance until legislation is passed for the protection of youth.

PART III.

Penal Regulations.

17. *Penalties.*

Violations of this law and by-laws issued in accordance therewith, when not subject to fine by courts, can be fined by political administration (in Slovakia and Carpathian Russia by the administrative police authorities) (Section 23) to the amount of 50 to 10,000 Kč, or 30 days' imprisonment. The fines fall to the State Treasury.

18. *Endangering Health through Venereal Diseases.*

Whoever, from carelessness, through coition, or in any other way, brings another person into danger of venereal infection is guilty of misdemeanour punishable by the courts, with imprisonment from 1 to 30 days, or pecuniary fine of from 50 to 10,000 Kč.

Whoever wilfully, through coition or in any other way, brings a person into danger of venereal infection is guilty of a crime, punishable with hard labour of from 14 days to 8 months.

If the endangered person is a betrothed, husband, wife or mate of the violator, he may be sued by public action, but only at the suggestion of the endangered person. If a complaint is not made within three months from the day the offence was committed, prosecution is not admitted.

Those who intentionally cause venereal infection in other persons are punished in accordance with the law relative to grave bodily injuries (Sections 154-156, Penal Law of May 27th, 1852 ; Penal Law on Crimes and Violations, Article V, 1878).

If the violator has mercenary motives, in addition to imprisonment, a pecuniary fine of from 100 to 10,000 Kč. may be inflicted.

19.

In accordance with Section 17, the following persons are liable to punishment :

1. A woman suffering from syphilis who accepts or keeps the position of nurse to a child not afflicted with this disease.
2. He who takes or keeps for a child suffering from syphilis a nurse not afflicted with this disease.
3. He who gives or leaves under the care of another person a child afflicted with syphilis, concealing the nature of the child's disease.

If offences set forth in Section 18 are committed, the act is punishable by a court, in accordance with the rules of that paragraph.

20.

A violation of the law, punishable by a court, is committed by persons : (a) who, in such a way as to create scandal or to offend decency, provoke or offer themselves to fornication ; (b) who seduce to fornication a person under 16 years.

The punishment is imprisonment for from 1 to 30 days, or a pecuniary fine of from 50 to 10,000 Kè., and, if the offence were committed in a professional way, hard labour for from 14 days to 6 months, in addition to a pecuniary fine of from 50 to 10,000 Kè., may be inflicted.

21. *Scandalising Practice of Fornication.*

Those who, in such a way as to create a scandal for the inmates of the house or for the neighbours, commit fornication, are punishable by the courts with imprisonment of from 1 to 30 days, and if children have been wilfully scandalised, by hard labour of from 14 days to 3 months.

22. *Prosecution of Soldiers.*

Military courts will prosecute persons guilty of crimes punishable by civil courts (Sections 18 to 21) when such persons are subject to military authority.

PART IV.

General Rules.

23. *Jurisdiction.*

To carry out and enforce the measures prescribed in this law is incumbent — with the co-operation of communities and police authorities — on the political authorities (in Slovakia and Carpathian Russia, on the proper administrative authority) charged with public health administration.

The highest authority is the Ministry of Public Health and Physical Education.

24. *Jurisdiction over Persons belonging to the Army.*

With respect to persons belonging to the army, the provisions of this law are enforced by the military authorities in agreement with the authorities mentioned in Section 23.

25. *The Retarding Effect of an Appeal.*

An appeal against an official decision entered under this law, or under ordinances in conformity therewith, shall have the effect of retarding judgment only as regards penalties (Section 17). In other cases the authority which has pronounced judgment can, for important reasons, especially if irreparable damage should be caused to the party, grant a delay until a higher authority has passed judgment.

26. *Notifications sent Postage Free.*

Persons obliged to send notifications may do so postage free.

27. *Abolition of the Present Rules.*

This law supersedes all laws, ordinances and rules so far as they are contradictory to this law.

28. *Enforcement of the Law.*

This law is enforceable from the day of its promulgation.

29. *Execution of the Law.*

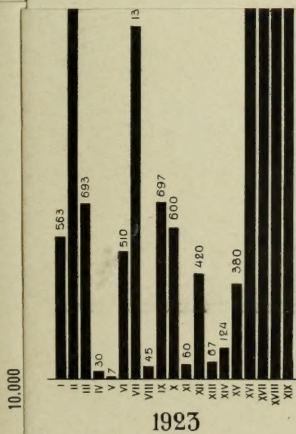
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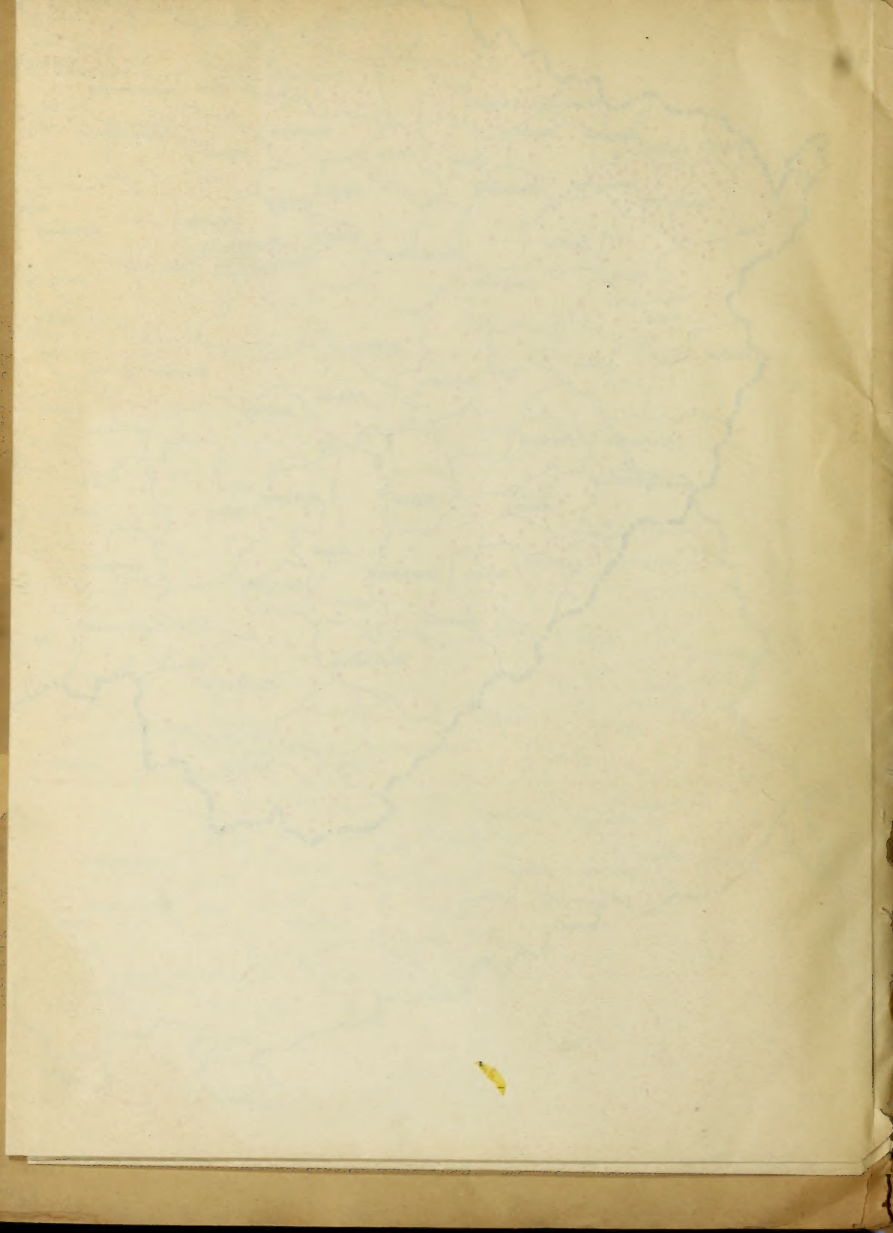
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